

THE MEDICAL AND SURGICAL REPORTER.

Whole Series, }
Nos. 333, 334.

PHILA., MARCH 7, 14; 1863.

{ New Series,
Vol. IX. Nos. 23, 24.

ORIGINAL DEPARTMENT. COMMUNICATIONS.

[For the Medical and Surgical Reporter.]

ROUGH NOTES

*Of an Army Surgeon's experience during the
Great Rebellion.*

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No. 14.

THE CHICKAHOMINY AND SEVEN PINES.—CREMATION, ETC.

After the battle of Williamsburg, the Union Army again took up the line of march for Richmond, but with the exception of several unimportant skirmishes, no battle of any importance took place until when within some seven miles of Richmond, the rebels gave us battle at Fair Oaks or the Seven Pines. The battle was fought for two days and ended in a complete victory for the Union Army, a victory which properly followed up, should have given us the rebel capitol.

There was nothing in the battle of special interest to the medical men, yet the month which succeeded it (June) was the most trying one to the health of the army that it has ever been called to go through. The locality has been too often described to be repeated here. It certainly was directly the reverse of a healthful one. We were in a miasmatic country in the month of June, with an ever-vigilant foe in our immediate front largely outnumbering us. Our men were compelled to dig by day under that broiling sun, while at night they stood picket exposed to miasm in its most concentrated form. They were also illy fed; our provisions were plenty, but without any variety—fat salt pork or bacon—beans or rice—and hard bread.

But this was not all we had to contend with.
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We camped on the battle-field. I well remember the awful sight presented to my eye as I rode upon the site of what had been Casey's camp where the battle commenced, in the neighborhood of the town houses. The ground had been twice fought over. Under a burning summer's sun—in the field—in the road—under the trees—in the abattis—in the pools of water left by the showers, lay the dead, the dying and the wounded, Union and Rebel. The wounded were literally covered with maggots, while the dead lay, many of them with upturned faces, blackened, distorted and swollen, and emitting a stench to be imagined, not described. Under the trees around the town houses lay a large number of wounded rebels, who had been carried thither by their comrades. Inside the houses the scene beggars description. Sick and wounded, dead and dying strewed the floor as thick as they could be laid, bloody, dirty, filthy, covered with vermin and maggots, without a morsel of food or a drop of water, emitting a stench almost unendurable, they presented a picture of the horrors of war the most repelling, the most sickening.

The wounded were most promptly attended to. Few of the dead were buried for two or three days afterward. It was impossible to attend to that duty. My own regiment was on picket for three days and nights consecutively, and men could not be spared for that duty. A large number of dead artillery horses were also scattered around, swollen and offensive.

The horses were speedily and effectively gotten rid of—a large pile of cord wood (dry pine) of several hundred feet in length had been used as a battery by the rebels, behind which they had posted artillery in the second day's fight. This cord wood was piled around the horses and fired, and they were entirely consumed. The human dead were buried. The burying party neglected their duty most shamefully. Little shallow pits were dug, the dead rolled in and the earth thrown

over them. Few, very few there were that were two feet under ground; many did not have six inches of earth over them, while where two or three lay together, the burying party were content to shovel over them, just as they lay, a few inches of the surrounding earth, which was of course washed off by the first shower.

It may have been that there was no remedy for this inhuman mode of burial, but it always seemed to me that the horses received better treatment than the human dead. On every consideration of humanity, decency and health, cremation was far more preferable to such burial. Once burned, that ended the matter, but thus buried the putrifying bodies exhaled gases the most pernicious to the living. The earth was washed off and portions of the bodies were exposed to the gaze of the public, blackened shrivelled, putrifying; or artillery wheels crushed them, or horses trampled upon them.

Yet contiguous to such fields we were compelled to encamp. Not content to breathe an atmosphere loaded with marsh miasm, we were compelled to inhale the poisonous gasses resulting from putrefaction. The water, except in a few rare instances, was surface water and of course loaded with noxious material.

Does the reader wonder that poorly fed overworked men, harassed by constant alarms and attacks by night and day, living in and breathing such an atmosphere, were sick? We had to expect it. Yet, the number of fatal cases was very small, when prompt and immediate treatment was employed. In our regiment I had a fearful amount of sickness, yet I did not lose a single patient in the regiment, and but one of the very few I sent to the general hospital died.

In an article published in the *REPORTER* some months since, I described a peculiar variety of fever noticed during that month at Fair Oaks, and which received the various names of Chickahominy Fever; Fair Oaks Fever; Swamp Fever, etc. Perhaps the name Typho-malaria expresses it better than any other term. It was not the ordinary Typhoid or Enteric fever, nor could it properly be classed among any of the usual forms of malarial fevers.

It was characterized by excessive debility—a small weak pulse often hardly discernible—vertigo—suffused eyes, etc. The bowels presented no constant symptom; they were occasionally a little diarrhoeic, at other times they were constipated. There was generally more or less derangement

of the hepatic secretion. The tongue was furred, but presented no peculiar diagnostic mark. The diagnostic symptoms were the vertigo and excessive debility, suffused appearance of eye and weak pulse.

A patient in his usual good health the previous day, and perhaps at work in the trenches, would present himself at sick call complaining that he did not feel well, felt so weak and so dizzy. Its duration was short; usually three or four days, seldom over a week.

It yielded readily to treatment. That which seemed most successful was a mercurial cathartic—calomel and rhubarb, or blue pill followed by castor oil to commence with. As soon as the cathartic had ceased purging, I gave quinine in full doses, either alone or combined with capsicum or opium, or both. I usually gave half a drachm per diem divided into three doses of ten grains each, and I continued this for some days after the patient was apparently well. I found experimentally, that it was of no use to give quinine in small doses. It had apparently no effect when so given. Nor did I see any harm result in a single instance, from the free administration of quinine. Even the usual unpleasant symptoms produced by a full dose of quinine were seldom observed.

I regret that I was unable to determine the value of quinine as a prophylactic. It would be something of a difficult matter to get soldiers to take medicine before they are sick. Combined with whisky it might have been used, but quinine whisky was not obtainable in anything like sufficient quantities.

CONSERVATIVE SURGERY.

Read before the New York State Medical Society, Feb., 1863.

By JOHN SWINBURNE, M. D.

Of Albany, N. Y.

(Continued from page 381.)

In compound fractures of the tibia and fibula, without too great a loss of substance, we have not these disadvantages (before mentioned, peculiar to the thigh*) to contend with, and hence I think that most of those limbs can be saved from amputation, by placing the patient on a stretcher or proper bed, the injured parts to be kept in their places by the aid of sand-bags placed longitudinally to the long axis of the

* *Facia lata* and deep position of bone.

limb, and thus obviating constriction by free incisions. In this way, as many, or more, will survive (and with useful limbs) as would from indiscriminate amputations. On the contrary, where there is extensive injury to the knee-joint, such as is caused by the passage of "minnie" balls, shattering the bone into fragments, amputation is a *sine qua non*. The passage of bullets simply through the bones of the foot does not necessitate amputation. Numberless instances can be found where extensive injury has been done to the bones of the foot, and still recovery has taken place, with useful limbs. Instance, CAPT. BECKER, of the 44th N. Y. S. Vols., who was wounded through the tarsus at the battle of Gaines' Mills. This case was treated by free incisions, cold lotions, etc., and resulted in a good limb.

I have now a case in point, in which the whole charge of a large pistol, consisting of four buck shot, wad, etc., passed through the leg, destroying the malleolus internus, opening the joint to the extent that I could trace with my finger the entire tibio-tarsal articulation. Free incisions were made to relieve constrictions; the limb was saved, and the joint left in a perfect condition. Had this case fallen into the hands of one less conservative, amputation would have been the result. Now, if sufficient stretchers are furnished the army for cases of severe injuries of the inferior extremity, many limbs could be saved which are now sacrificed.

I feel assured, gentlemen, that, could you see what I have seen of indifferent surgery, you would feel as I do about saving limb as well as life. I am fully convinced that fewer deaths occur from exsections of the upper extremities than from amputation of the same. We have a case illustrative of the necessity of a conservative course. One of our soldiers, at the second Bull Run battle, received a wound from a musket-ball entering the elbow-joint at the articulation of the ulna and humerus; the index finger could be passed into its bony track; but the ball having passed through the bone, could not be found, considerable synovia, and finally suppuration followed, discharging detached fragments of bone. After four weeks had elapsed, I ordered passive motion, and now the wound is healed, the arm is as strong, and the motion as free as before the accident, notwithstanding the non-extraction of the ball, and the joint evidencing the loss of its

cartilage. This adds one more stone to the monument of conservative surgery. His arm was not amputated, being reserved, as the surgeon said, "for some future day."

Two more cases in point may not be amiss, as they serve to further illustrate the advantages of conservative practice.

LIEUT. LYNN, of the Regular Army, had his shoulder-joint shattered by the passage of a ball through the head of the humerus. By some accident, it was overlooked in the hurry of the moment. Some days after, my attention was called to it, and, inasmuch as little inflammation had supervened, we decided to give nature an opportunity of saving the limb. Four weeks after the accident, he was nearly well, and with every prospect of entire success. In this instance the surgeons wished to amputate.

The next is a case of great interest. A Captain in the Regular Army was wounded by a ball passing through the knee-joint. We could not ascertain to a certainty that the same was injured, as the course of the ball was directly through the centre of the joint, from side to side, so it is possible that only the cartilage was wounded. Dr. ROGERS tied the femoral artery, so as to interrupt and break the current of blood to the injured parts. When I last saw him, thirty days after the injury, there had been little inflammation, and the prospects were good for entire recovery. I have since learned that he has entirely recovered, with a good limb.

To continue this subject a little further, I will have to resort to statistics. Three weeks after the seven days battle before Richmond, we removed to that city 1,564 wounded men; of these 1,239 were wounded in the legs and arms, and only 325 in all other parts of the body. Of the 1,239 wounded in the legs and arms, 948 were wounded in the legs, leaving only 291 wounded in the arms. Now, this great difference between the number of wounds in the upper and lower extremities will be more noticeable when it is known that only 40 amputations of thighs remained, while there were 37 of the arm. Now, instead of 37 amputations of the arm, we should have only 11, *i. e.* if we take the number of wounded in the lower as compared with those of the upper extremities, other things being equal. I will, however, state that this disparity may be partly accounted for by the fact that many more died from amputations of the lower

than the upper extremities. Still, this ought not to make the broad difference, since many who suffered amputations and excisions of the upper extremities moved on with the army. The reverse of this was true of cases where similar operations were performed on the lower extremities.

Another reason which may be assigned for the great disparity between the number of wounds in the lower, as compared with the upper extremity, is that those wounded in the upper moved off with the army, while those wounded in the lower could not. Then, again, those who suffered amputations of the arm might have been too much exhausted for transportation, hence this may account, in some measure, for the great number of amputations of the arm, as contrasted with the small remaining number wounded in these extremities. Now, compare this with the statistics of the leg, and there seems some plausibility for the reasoning. We find that at Malvern Hill and White Oak Swamps, scarcely one case of wounds in the upper extremities was to be found, unless there was also some other wound which incapacitated them from moving on with the army to Harrison's Landing. The fact, however, is significant, that with only 291 wounded in the arms, 37 had been amputated, and this, too, after the lapse of three weeks, and, of course, excluding the many deaths which would naturally occur from amputations of the extremities, shows that either there were a great many serious injuries of the upper extremities, or that great injustice was done to those who were only slightly injured. This gives a data of at least from 13 to 20 per cent. of amputations of the arm to 100 wounded, or 1 amputation to every 8 wounded in the upper extremities.

I noticed as a fact, which of itself was significant, that no attempt was being made to save wounded arms where the bone was injured in the least; in fact, every limb had been sacrificed, without one effort being made to save it. Many of the amputations were through the fore-arm and wrist. Now, with only 291 gun-shot wounds of the arm, not more than 10 to 12 amputations should have been performed, and even this is much too great a proportion. One other fact in this connection speaks volumes. Upon diligent inquiry, I could find few arms which had been amputated for anything but simple bullet wounds, and no hemorrhage at that; several had been amputated for bullet wounds through the hands and fore-

arm, a procedure which is all wrong and is little else than butchery, as all, or nearly all, these cases would do better if let alone than if amputated, as will be seen by reference to statistics.

In my own operations, I have the satisfaction of stating to the world, that I only amputated two arms, and they were torn off by shells or solid cannon-shot. To elucidate this point, I quote from that most excellent work, DR. STEPHEN SMITH'S *Hand Book of Surgery*, page 195, where, quoting from CHASSAIGNAC, he gives the following reasons for resection of the upper extremities:

"1st. Compound fracture of the superior extremity, with protrusion of the shaft through the wound of the soft parts, rupture of the capsule and destruction of the periosteum; or, 2d. Fractures of the head of the bone from gun-shot wounds, necessitating the removal of splinters of bone; 3d. The lodgment of foreign bodies, balls or projectiles, in the head of the humerus, resulting in a comminution of the bone, rupture of the capsule and the final development of the inflammation, terminating in necrosis and caries; 4th. Compound dislocations, with projection of the head of the bone through the wound of the soft parts."

Then again, PROF. GROSS says of excision of the elbow-joint, vol. 2, page 1048:

"Experience has proved that the danger of excision of the elbow-joint is in general very slight, when the operation is limited to the articular extremities of the bones; when the medullary canal of the humerus is exposed, there is always risk of diffuse suppuration and pyæmia, and the same is true, although not in so great a degree, of the medullary canal of the radius and ulna; besides, the shorter the excised pieces are, the greater, other things being equal, will be the probability of a serviceable limb."

I could here add, that the same is true of amputations, where the medullary cavity is opened, and it is a well-known fact, that in amputations many die from this cause. Again, vol. 2, page 1051, he says of exsections of the shoulder-joints:

"In the first two Schleswig-Holstein campaigns, resection of the ends of the fragments was practiced for the cure of gun-shot lesions in 9 cases, of which 4 died, while of the remaining 5, several had very defective limbs. Subsequently, resection was abandoned, the surgeons limiting themselves for the most part to the immediate removal of the splinters, and of 32 cases thus treated, only 5 died, (16 per cent.,) the others making excellent recoveries, with useful limbs, although in many the humerus had been terribly shattered by cartridge shot."

In that most complete and comprehensive work on the excisions of joints, by RICHARD M. HODGES:

M. D., I find on page 26 the following statement, which seems so applicable here that I quote it verbatim. He says:

"Not to particularize the cases susceptible of treatment by excision, it may be briefly said that it is appropriate to all injuries of the shoulder-joint where amputation would otherwise be necessary, which are not accompanied by too great destruction of the soft parts, or damage to the great vessels and nerves, and when the bone is not too much comminuted or splintered in the shaft. M. BAUDENS, one of the best modern authorities on this subject, regards the indications for excision as absolute; *excision* the rule and *amputation* the exception, in all injuries of the head of the bone by a ball, even when the fracture extends to the diaphysis and into the medullary cavity. 'In four cases,' he says, 'we were content to remove the head of the humerus, without minding the fissures which ran more or less down the shaft of the bone into the medullary cavity, and recovery took place, just as if these fissures had never existed.' In the Schleswig-Holstein campaign, so much as four to five inches of the shaft were removed with the head and without detriment to the result. As gunshot wounds are of so variable a character, injuries to the coracoid and acromion processes, to the clavicle, and more rarely, to the body and neck of the scapula will sometimes be found complicating that of the humerus. * * * LARREY's case was remarkable for the extent to which bone was removed (head of humerus, humeral end of the clavicle, and acromion process,) and for its recovery, with considerable use of the arm."

In reference to the fitness of excision, as compared to amputation, I quote from CHELUS' Surgery, vol. 3, page 727, where he says:

"The difficulty of its performance, especially on large ginglymoid joints; the danger of violent inflammation, and wasting suppuration; the tediousness of the cure, and particularly that after the removal of the joint ends of the bones of the lower extremities, in consequence of the shortening and stiffness of the limb which remains, it is only retained in a condition far worse than the use of an artificial limb after amputation which is much less dangerous, according to the cases as yet published. Many of these objections have lost their importance and are contradicted by experience.

"It must, however, be admitted, that the removal of the ends of bones is more difficult than amputation or exarticulation; yet the danger during and after the operation is not greater than in amputation, and the symptoms are not usually severe; the cure, indeed, is more tedious, but accompanied with fewer inconveniences, (SYME, JAEGER,) and with the preservation of the limb, the patient finds it generally in a very useful condition. As regards the removal of the joints of the upper extremities, these circumstances are, no doubt, of the greatest impor-

tance, and, to a certain extent, influence its preference to amputation, as the preservation of the arm, even with confined motion, is not to be compared with its artificial supply after amputation, and experience of the consequences of the removal of the joints of the upper limbs points to the most favorable results. This operation on the lower limbs cannot, however, be considered so advantageous; it is here manifestly more dangerous; the after treatment more tedious and difficult, and the result, as to the capability of using the preserved limb, in many instances incomplete; so that only under peculiarly favorable circumstances should the removal of the joint surfaces be here performed.

* * * * *

"These statements are founded on the cases hitherto published. Of JAEGER's collection of 53 cases of excision at the shoulder, but 2 had an unfavorable result; of 34 at the elbow, only 4; and in 3 at the wrist, all were successful."

And again, on page 728, he says:

"It is impossible not to be struck by the fact that the constitutional disturbances succeeding to the excision of even so large an articulation as the knee-joint, but no comparison in kind or in degree with that which experience has proved to be the invariable attendant upon simple penetrating wounds of a joint, when union is not effected by the first intention."

In the Schleswig-Holstein campaign, of 40 resections of the elbow-joint for compound fractures, only 6 were fatal, 32 resulted in useful limbs—15 per cent. In the same campaign, 19 out of 54 amputations of the arm were fatal—35 per cent. In the Crimean war, of the 22 excisions of the elbow performed, 3 ended fatally—14 per cent. While of 153 arm amputations, 29 deaths occurred—12 per cent.

Of 33 primary disarticulations of the elbow joint, 28 were fatal, 85 per cent. 24 out of 31 secondary* were also fatal, 80 per cent. Prof. Gross, (vol. 2, page 1051), in speaking of saving limbs without mutilation, makes the following remarks:

" * * * Enough, however, is ascertained to satisfy me that it is incomparably more safe than amputation at the shoulder-joint, and that it ought to rank among the established operations of surgery. When properly executed, as it respects the selection of the cases and the mode of the procedure, I believe that it will rarely, if ever, be followed by any bad effects, while the patient in the great majority of instances, will have a very good use of his limb."

While as to results of resections, Prof. Gross, speaks in the following language; vol. 2, page 1050 and 1053.

* I suspect that the above 31 cases of excision were performed in the second or congestive stage of this paper, and not in the true second stage of authors.

"Excision of the elbow-joint on account of gunshot injuries, has lately engaged much attention among military surgeons. Dr. ESMARCH, whose work comprises the details of all the cases of this operation that occurred during the Schleswig-Holstein campaigns, states that of 40 upon which it was performed, only 6 died; in one the forearm became gangrenous and had to be amputated, and in another the treatment was still progressing when last heard from. The remaining 32 cases all recovered perfectly, with a more or less useful limb. In the Crimean War there were 32 resections of the elbow-joint among the British Surgeons, with 5 deaths, of which 2 occurred after secondary amputation.

"In the Russian army during the same period the operation was performed 20 times with 15 recoveries. Thus, of the whole number, 82, 16 died, or 1 in about 5.

" * * The time at which resection is performed in gunshot injuries of the elbow-joint, exercises an important influence upon recovery. Thus of 11 cases in the Schleswig-Holstein campaigns in which the bones were removed within the first twenty-four hours, only 1 proved fatal; whereas, of 20 cases operated upon when the parts were in a high state of inflammation, (second stage of this paper,) that is, from the second to the fourth day, 4 died. Of 9 resections performed from the eighth to the thirty-seventh day, only 1 ended fatally. These facts are practically of the deepest interest, as showing the bad effects which may be expected from interference after the occurrence of severe inflammation with incipient suppuration."

Dr. GEORGE WILLIAMSON has reported 16 cases of resection of the shoulder-joint for gunshot injury occurring in various parts of the world, of which 3 proved fatal. In the Schleswig-Holstein campaigns, the operation was performed 19 times, with a loss of 7, most of the deaths having been caused by pyæmia. Of 27 cases operated upon by the British Surgeons in the Crimea, only 2 died; and of 14 cases resected by BAUDENS, all except 1 got well.

These statistics afford thus a total of 76 cases of this operation, with a loss of 13, or a ratio in round numbers of one death to 6 recoveries, a little over 16 per cent., while amputation of corresponding joints give a mortality of 29 per cent. Here as in other joints, resection for the relief of gunshot injuries is most successful when performed immediately after the accident.

Still further to illustrate the great mortality from amputation, I give the statistics as taken from the Crimean War, and which are to be found in HODGES' Prize Essay, pages 12 and 13.

"Amputation at shoulder joint.....	33.4
" " of arm.....	26.4
" " of forearm.....	5.0

"Amputation of fingers.....	0.9
" " at hip-joint.....	100.0
" " at thigh, (upper third,)....	87.0
" " at thigh, (middle third,)....	60.0
" " at thigh, (lower third,)....	56.6
" " at knee-joint.....	55.5
" " of legs.....	35.6
" " at ankle.....	16.6
" " at medio-tarsus.....	14.3

" * * * Simply because the operation is less fatal, is not however a sufficient reason for excision to replace amputation. Indeed, it will be found that in this respect there is actually but little difference between them.

"The real question at issue, is, whether all things considered, amputation can be averted—excision substituted for it, and the usefulness of the limb preserved in a sufficient degree to render the operation an improved method of surgical treatment, and into this question the consideration of mortality does not enter except so far as to give assurance that the preservation of the limb is not bought at such an additional sacrifice of life as to more than compensate for the advantages gained."

The same author, (HODGES, page 28,) has collected 53 cases of primary excisions of shoulder and elbow, from LARREY, BAUDENS, GUTHRIE and others, with a mortality of only 16, 30 per cent. On the following page we find compiled a table from some other surgeons of 34 excisions, (shoulder and elbow,) with only 6 deaths, (a little over 17 per cent. ;) now take the above as compound fractures from gun-shot wounds of the arm and fore arm, as taken from Prof. GROSS' surgery, which were left to the recuperative powers of nature, as compared with primary and secondary resections of corresponding joints in the tables given above, and we have, I apprehend, data sufficient to establish the question of amputation on the one hand, with a mean data of 29 per cent. of deaths and excision on the other, with a mean ratio of 25 per cent., leaving still a margin of several per cent. in favor of conservative surgery.

In this connection I would note the statement that, "secondary excisions are more successful than primary." Upon this subject, Dr. HODGES, in his report, (L.) to the Sanitary Commission on "Excision of the Joints for traumatic cause," page 8, says: "statistics shew that secondary excisions of this joint, (shoulder,) are more successful than primary, in the proportion of 17 to 10. This is explained by the fact that it is the less grave cases which are reserved for expectant treatment." He might have added, with propriety, that if the deaths be added which occur during the inflammatory or "expectant" stage,

to those immediately attributable to secondary excision, the ratio would then be reversed, leaving the balance (7) in favor of primary excisions, to say nothing of the exemption from suffering following the suppurative stage. He expresses his views on the point in the following explicit language:

"A patient with a shattered head of the humerus may recover without an operation, but to say nothing of the greater safety, more rapid and better results follow excision, than the gradual exfoliation of fragments, the time required, and the condition left by these slow processes which accompany the latter course are more unlikely to give a useful arm."

Though I fully agree with the Dr. in this statement, yet I think experience will not bear him out in the following, where he says: "as the operation can be performed with the same, if not more success, after the establishment of suppuration." Now, admitting that "a certain amount of delay is admissible in doubtful cases," it does not follow that the "operation can be performed with the same, if not more success, after the establishment of suppuration," since many die during the inflammatory stage, and before the secondary period arrives; others die after the secondary operation, making the mortality much greater than if primary excisions were performed in all cases indiscriminately. In proof of this, I quote from the same author's prize essay, where he says: "Of 26 patients in the ambulances of M. BAUDENS, 11 immediate excisions were performed with 10 recoveries. From their injuries seeming less grave, 15 were treated by expectation: of these 8 died of purulent infection, 3 underwent consecutive resection with success, 4 suffered a long train of ill consequences from fistulous openings."

This I gravely suspect would be an approximation to the general result, in this class of traumatic injury of the shoulder and elbow-joint. Notwithstanding none of these consecutive resections died, 8 out of the 15 died during the inflammatory stage, and still it must be remembered that these 15 cases were reserved for conservative surgery, because less severely injured. Notwithstanding this 53½ per cent. die, while only 9 per cent. died from the primary excisions performed on the more grave cases. Again, (same page, 30,) quoting from Esmarch, he says: "That of 6 excisions of the head of the humerus performed within twenty-four hours of the injury, 2 died. Of the three during the inflammatory stage, or on the third or fourth day, 2 died; and

of 10 after suppuration was established, 2 died. Of 8 cases suited for excision, and which were left to nature, 5 died, and the remaining 3 at the end of six months still seemed to need operative interference."

In the above table, those operated upon in the 1st stage, gave a percentage of.....33½ deaths.
2nd. Inflammatory stage.....66½ "
3rd. Suppurative, (secondary,) stage..20 "

Those left to nature, excluding the three that seemed to require "operative interference," 62½ per cent. These are important data, while they fully illustrate the views I had formed from reading and experience. Common sense teaches us that if the source of irritation is removed at once, the exhaustion which usually supervenes upon the presence of foreign bodies in the living tissues is thereby prevented, and the fact cannot be concealed, that the mortality which is the direct result of this exhaustion and pyæmia, is so great that it more than counterbalances the advantages claimed for secondary, as compared with primary operations.

The operations performed in the inflammatory stage give also a large percentage of deaths. Instance the passages just quoted where two out of three died. So also in those cases left to nature, where in one instance, 8 out of 15, and in another 5 out of 8 died. I notice in this connection also, 2 cases of excision of shoulder-joint performed (during this inflammatory stage,) by DAVID P. SMITH, M. D., (Brigade Surgeon,) one of which died of pyæmia, and the second made a rapid recovery. It was in this stage that most of the excisions were performed at Fortress Monroe, by Brigade Surgeon R. B. BONTÉCOU and others.

This fact accounts for the alleged unfavorable results of these operations. I hope, at some future day, however, to see these cases and their results published.

[To be continued.]

ELECTRO THERAPEUTICS.

By H. LASSING, M. D.,

Of New York.

ULCERS: ELECTRO MAGNETISM AS A STIMULANT TO FLABBY GRANULATIONS—REMOVAL OF URATE OF SODA FROM A GOUTY WOUND.

In the treatment of indolent ulcers, I have found electro magnetism of the greatest utility. These ulcers which are every day occurrences in the practice of surgery, and as such are apt to be regarded lightly, constitute one of the most

important classes of disease with which the surgeon has to do. These ulcers most generally affect the most valuable limbs. They affect the poor laboring man almost exclusively,—that numerous class in our communities who are dependent upon their limbs for their every day support, who are thereby constantly irritating these sores, and who can ill afford to give their diseased limbs the rest which the urgency of the disease so strongly indicates. Hence the great number of these cases which come to dispensary and hospital physicians for treatment. A heavy responsibility is thus thrust upon us. Before proceeding to give an abstract of my method of treatment, I must say that in these diseases it is pre-eminently necessary to remember the caution not to treat diseases by name, but to vary our treatment by the different symptoms each example shows us.

As to the general treatment I pursue, I would recommend as a cleansing poultice, when indicated, a mixture of pulverised flaxseed, baker's yeast and sufficient kerosene or petroleum oil to keep the poultice soft and moist. As a stimulant, I sometimes employ hot water by affusion and as a dressing, and to keep the parts approximated, either ordinary strips of adhesive plaster, or what is much better when the patient's means afford it, a well fitted elastic stocking over some pledgets of lint. Internally, I have found the greatest benefit derived from the *tr. cinchonæ et pot. iod.* But the most useful of all I have found, to be gentle stimulation and contraction of the affected integuments, by an electro-magnetic current. Nothing is so useful as this, nothing can compare with the rapidity with which a new character is given to the flabby granulations, which now spring up red and healthy, and the ulcer quickly heals. I generally pass the to-and-fro current from the knee to the phalanx, the positive pole above, the negative pole below. The following case will show the power of the remedy:

I was called in to see the Rev. A. L., who had for two years been a sufferer from a gouty wound between the metatarsal bone and the first phalanx of the great toe, which occasionally discharged pieces of what a physician in attendance supposed to be dead bone. I applied a copper plate connected with one pole of my apparatus to the dorsum of the foot, and passed a silver probe connected with the other pole, to the bottom of the wound. This afforded immediate

relief from pain. Upon removing the probe several small pieces of what, upon analysis, proved to be urate of soda, came away. This application was continued on alternate days, and produced an entire cicatrization in 18 days, since which time no further trouble has been experienced.

TALIPES.

Talipes, or clubfoot, we are informed by authors, is produced by rigidity and shortening of the muscles of the leg, caused by any thing that interrupts the supply of nervous influence or proper nutrition of the muscles, and may be consequent upon fevers, injuries of the spine, division of the sciatic nerve, long confinement and inactivity, frequent attacks of rheumatism, or inflammation of the muscles of the calf; or, it may be sympathetic, from irritation of any part of the system; but it is mostly congenital, and produced during uterine life. The limb is cold and feeble, the veins small and muscles wasted.

There are three varieties of clubfoot: 1st. Talipes Equinus, when the patient walks on the ball of the foot. 2d. Talipes Varus, which is the most common form; the heel is raised and the foot is turned inward; the patient may walk on its outer edge or on the ankle, and, in very bad cases, on the dorsum of the foot. 3d. Talipes Valgus; the foot is twisted outward, and the patient walks on the inner ankle. Dr. LITTLE also describes a rare deformity, called Talipes Calcanæus, in which the foot rests upon the back part of the heel.

In the three first varieties of talipes the treatment generally employed consists in the early application (that is, in children,) of a proper shoe, and occasionally a division of the tendons of the contracted muscles. In adults this operation is considered to be useless, or at most, but little benefit is expected from it. In the last variety but little improvement is claimed from surgery.

So far I have followed regular surgery. I believe that what is described in surgical works as the characteristic of talipes, is nothing else but a paralysis of a certain muscle or set of muscles. We all know that there is a normal equilibrium of muscular expansion and contraction, and as a consequence in these cases of partial paralysis, where one set of muscles are paralyzed the healthy antagonistic muscles will eventually contract; in other cases, the disease

consists in a contraction of a muscle or set of muscles.

I have found that in recent cases electro magnetism furnishes us a ready means of cure in a short time; and that even in inveterate cases, where the ligaments are not absorbed, a cure will eventually take place. I apply a direct, continuous current through the muscles that are contracted until they yield; and to those muscles that are paralyzed and flaccid, I apply a strong to and fro or secondary current to stimulate them and rouse them into contraction.

Slight curvatures of the spine from the effects of bad dress, stays, and ill-made supporters, causing a wasting of the muscles and consequent loss of tone and flaccidity on one side, I treat in the same way.

Brisk rubbing of the affected muscles, gymnastics, and the use of crude, unrefined petroleum oil, as an embrocation, I have found excellent adjuvants to electro magnetism in the treatment of these cases.

I have treated over ten cases of various species in this manner with most excellent results.

ILLUSTRATIONS OF HOSPITAL PRACTICE.

PHILADELPHIA HOSPITAL, }
February, 1863. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by J. E. Owens, M. D., Resident Physician.

HERNIA.

1. *Inguinal Hernia*.—It has been said, that one-ninth of the people of Great Britain are affected with Hernia. However true this may be, as applied to the English, it is certainly not the case among the people of this country. Our first case to-day is J. B., *et.* 45. He has a tumor in each groin, they are soft and elastic; are of seven years standing, and were caused by lifting a barrel of flour. When the patient coughs, a distinct impulse is communicated to the hand. When he lies down, the tumors disappear, but are reproduced immediately on the resumption of his erect posture. There is a gurgling or rumbling noise, which depends upon an escape of gas from the tumor, up into the bowel. This is diagnostic of protrusion of the bowel, which protrusion is termed *enterocele*. The parts most liable to protrusion are the ileum and jejunum, never the duodenum. Sometimes, though rarely, the stomach forms a constituent of hernia, occasionally the large bowel. In the female, the ovaries, Fallopian tubes and uterus have sometimes protruded. When the protrusion consists of omentum, it is called *epiplocele*. It is of a

doughy consistence; irregular in form; imparts no impulse on coughing; in these respects being very different from an *enterocele*. When the protrusion consists of bowel and omentum, it is designated by the term *entero-epiplocele*. The rings, as well as the inguinal canal are enlarged in this case. The internal ring is midway between the anterior superior-spinous process of the ilium and the symphysis of the pubis, about four lines above Poupart's ligament. The external ring is formed by a separation of the fibres of the lower border of the external oblique muscle. The latter is twice the size of the same ring in the female, hence, the greater frequency of rupture in the male. On the left side, the bowel has taken the oblique descent. It is called complete oblique inguinal hernia, when the bowel, or omentum passes through the internal ring, takes the course of the spermatic cord through the inguinal canal and passes out through the external ring. In this case, the hernia being of seven years standing, the two rings are close together, and the canal very much shortened. On the right side the hernia is by the direct descent, or as it is sometimes called, *ventro-inguinal*. In this variety of rupture, the bowel or omentum descends behind the external ring, either below the transverse and internal oblique muscles, or through an opening in their fibres; while that on the left, follows the course of the spermatic cord and the canal.

2. *Scrotal Hernia*.—W. C., *et.* 60. In this case, there is a scrotal hernia of ten years standing, on the right side, with a small inguinal hernia on the left side. Scrotal hernia is merely a form of inguinal hernia, the viscera passing into the scrotum instead of stopping in the groin. The difference then, is rather one of degree than of kind.

Diagnosis.—In scrotal hernia, the testicle is at the bottom of the tumor; in hydrocele, it is at its posterior surface, just above the inferior third. The spermatic cord lies behind the tumor and is not so well defined as in hydrocele. The neck of the hernial sac is large, in which respect it differs from hydrocele. The former, begins above, showing itself first in the groin, while the latter begins below, and by degrees extends upward. In hydrocele, there is no impulse imparted on coughing. By darkening the room, and placing a candle on the opposite side of the scrotum, the tumor becomes translucent. In a hydrocele of long standing, this translucency is sometimes not so distinct. Where there is doubt as to the diagnosis, recourse should be had to the exploring needle.

3. *Umbilical Hernia*.—This patient has also a small tumor situated immediately above the umbilicus. Umbilical hernia occurs more frequently in children than in adults—in women than in men. The coverings of such a hernia consist of skin, superficial fascia and peritoneum. This tumor is not congenital—it has a soft doughy feel, and is irreducible. The patient says, that it came on gradually; he has never, at any time, been able to reduce it, and that it gives

him no inconvenience whatever. Were we to cut down on this tumor, we would probably find a portion of the omentum, firmly adherent, between the fibres of the muscles or in the linea alba.

4. *Inguino-scrotal Hernia*.—R. B., aged 56. This is hernia in the groin, on its way downward into the scrotum, inguino-scrotal. It is of eighteen years standing, and was produced by lifting. The patient was conscious that something gave way, and the next morning he noticed the tumor. [The hernias now exhibited are all reducible except the one mentioned above.] In the performance of the taxis, the head and shoulders should be elevated, the legs flexed upon the thighs and the thighs upon the body—having previously evacuated the bladder and rectum. Then, supposing the parts are strangulated, take hold of the body of the tumor with the fingers of the right hand and draw it gently downward, so as to disengage it from the seat of the stricture. This being done, make gentle, but uniform and steady pressure upon the tumor in order to force out its contents, at the same time, assisting its reduction by manipulating the neck of the tumor with the thumb and index finger of the left hand.

After the pressure has been kept up for a short time, there will be an escape of gas from the tumor, thereby relieving the tension—after which, one part after another is reduced until the hernia disappears. The operation is more simple and easy when the patient is under the influence of chloroform. The part and system being thoroughly relaxed, everything is under the control of the surgeon.

In regard to trusses, the instrument invented by Stagner & Hood, of Kentucky, and modified by Chase and others, combines cheapness and neatness, with efficiency; besides, it is easily kept in order. Its great value consists in having a wooden block, which is a decided improvement on the pads of the older contrivances. It is of uniform consistence, smooth and imbibes no moisture from the body. The instrument should be so applied, that the block may press upon the edges of the internal ring. It is intended that this pressure should cause inflammation and an effusion of plastic matter. The sooner a truss is applied the more likely will a radical cure be effected. When the hernia is of long standing, we need scarcely look for a radical cure. The truss should be worn day and night, or, at all events, removed after the patient lies down, and be reapplied in the morning before rising.

UNIVERSITY MEDICAL COLLEGE, N. Y., }
December, 1862. }

CLINIC OF PROF. BEDFORD.

URTICARIA.

This disease sometimes attends affections of the liver, and is often found on persons accustomed to eating much fish, oysters, etc. Give her

Hyd. chlorid. mit. gr. x.

Pulv. rhei. gr. ij. M.

Take this at night and a wineglass full of the following mixture every morning afterward:

R.—Magnes. sulph., ʒj.

Potassæ supertart. ʒj.

Aque, Oj. M.

JAUNDICE.

Female 27 years of age, is sleepy, dull; urine high-colored, linen yellow in the morning, skin icteritious. The bile has been absorbed, carried to the brain and produces toxæmia.

R—Hyd. chlorid. mit. gr. x. followed by the saline draught as in the last case. For the pain in the abdomen a mixture of brandy and cayenne pepper may be used.

INCONTINENCE OF URINE.

Female 11 years of age. A great majority of these cases are the result of habit long continued. They should be first put under proper moral treatment. "Little girl would you like to get over this?" "I should." "Where do you live?" "In Fortieth street." "It troubles you very much, does it not?" "Yes, sir." "Do you live high up?" "Top floor, sir." "What time of night do you commence this?" "I don't know, sir." "Would you like to be burned with a red hot iron?" "No, sir." "Do you like sugar plums?" "Yes, sir." "Would you rather have some sugar plums and not wet your bed, or wet your bed and have a red hot iron? You have told me where you live, now if you wet your bed to-night I will burn you with a red hot iron, but if you do not, I will give you some sugar plums in the morning." Now we will see. Give her five drops of the Tr. cantharides twice a day. This remedy has a stimulating effect upon the neck of the bladder, overcoming the relaxation of the sphincter when it exists. Hence the application of a fly blister to the skin will be followed by a strangury—absorption of blister through the skin, whence it is carried by the blood to the neck of the bladder. Why does it affect the bladder instead of the brain, the lungs or some other part? Because the cantharis has a specific effect upon the neck of the bladder. Medicines have instinct as much as animals. The best remedy for strangury that I have ever found, is

R.—Ext. hyosciam.

Pulv. camph.

Ipecac. et opii, aa. gr. xij. M.

Div. in chart. xij.

Of these take one every ten or twenty minutes till relief is obtained.

SUPPRESSION OF CATAMENIA.

Female 18 years of age. Cold is the commonest cause of this accident; joy, sadness, fright, are also frequent causes of suppression. In this condition there are certain sympathies in various

parts of the body; one will have abnormal throes of the heart, another difficulty in breathing, etc. This woman has cramps in her feet.

R.—Aloes, ℥j.
Ferri. sulph. exsic. gr. x. M.

Div. in pill, no. x. One every night.

ASCITES.

Male, 6 years of age. Has been to the clinic before; his abdomen is now considerably reduced. He has been using quinine and rhubarb internally and tr. scillar f. 3j and tr. digitalis f. 3jss, mixed externally. We will now give him

R.—Hyd. cum cretae.
Sacch. alb. āā gr. ij. M.

Taken at night in a little syrup, and a dessert spoonful of oil in the morning. We will then commence giving him, day after to-morrow, ten drops of the syrup of the iodide of iron twice a day.

HEMORRHOIDS.

Female, 40 years of age. Hemorrhoids in plain language means piles; large veins found at the lower extremity of the rectum; they may be internal or external, bleeding or non-bleeding. Of all causes none are more common than constipation, hence to regulate the bowels is of first importance. A metallic rectum bougie, well oiled and allowed to remain in the rectum an hour or more at a time will do much toward reducing the distended veins. If they are external they may be removed with the knife, with a ligature, or with acid; but any of these methods are extremely painful and should never be adopted without ether.

R.—Pil. rhei. comp., no. vj.
One every night and a wineglass full of the saline mixture above mentioned, every morning, and come next week for an examination which is now postponed on account of monthly sickness.

CHOREA.

Male, 6 years of age. This affection consists in irregular movements of the nervous system. The nervous system is divided into two distinct parts; the cerebro-spinal and the ganglionic or great sympathetic system, which presides over animal life. The cerebro-spinal axis has here lost its equilibrium; it has been invaded by disease. Chorea is not a disease but a symptom, and its cure will depend upon the removal of the cause, which may be the immediate effects of a fright, which produces a concussion of the brain, which is transmitted to the great motor centre of animal life, the spinal cord; hence the cause is psychical. Again, cold will produce chorea under certain circumstances. The eccentric causes are worms, irritating the peripheric extremities of the nerves, which irritation is immediately reflected upon the spinal axis. Chorea is not an idiopathic affection. The mother says he has worms because he picks his nose. So

said Hippocrates. We will prescribe a vermifuge and see

R.—Hyd. chlor. mit. gr. ij.
Pulv. spigelie, gr. vj. M.

Take to-night in syrup, and a dose of oil in the morning and come next Monday. The prognosis in these cases is always favorable. The child should be taken from school.

SUSPECTED GONORRHOEA.

Female, 18 years of age; came to the clinic three weeks ago, with very unpleasant scalding sensation in passing urine; had been recently married and apprehended she had some serious trouble. I put her upon the nitrate of potash, ten grains two or three times a day, which cured her completely and therefore exploded her suspicions. Had she contracted gonorrhoea, this remedy would have been of no avail. Every doubt is the property of the prisoner. How easy it would have been to say to her, "You have the clap." Ah! a very easy thing to say—now she returns contented in mind, to a confiding and happy home.

PEDICUL.

Cut the girl's hair close to her head and apply ung. hyd. twice a day, wearing an oil silk cap. If salivation ensue, it is well to ask the fearful parent whether she would not prefer this slight and transient consequence to the loathsome presence of these troublesome parasites. Tobacco infusion is an excellent remedy, but needs to be used with some caution.

CEPHALALGIA.

Female, 25 years of age. Complains of headache, which is most intense over the eyes, and has continued for five years; comes on at night and goes off in the middle of the day. Pain is merely indicative of a pathological condition. This girl's pain is recurrent, therefore neuralgia.

R.—Quiniae sulph. gr. xiv.
Acid. sulph. aromat., ℥jiv. M.
Aqua, f. 3iv.

A teaspoonful three times a day when she has the pain.

TYMPANITIS INTESTINALIS.

Female, 25 years of age.

R.—Potassæ bitart. 3j.
Pulv. jalap, ℥j.

Div. in chart. no. iv.

Take one every other day and rub the abdomen with equal parts of sweet oil and turpentine

SEQUELE OF SCARLET FEVER.

Female, 2 years of age. Has a considerable cough; one of the results will be pneumonia.

R.—Syr. ipecac. f. 3j.
Tr. hyosciami, f. 3iss. M.

15 or 20 drops occasionally. Rub the skin and chest with camphorated oil soap liniment twice a day.

VAGINAL DISCHARGE.

Female, 7 years of age. Has been troubled about a year with a discharge from the vagina. These discharges may be mucous, purulent or muco-purulent, they may appear at any age. Their cause in young children may be irritation, which I have known to produce a mucous or muco-purulent discharge. The connection between this discharge and teething is the same as between picking and rubbing the nose, and intestinal worms. It is an illustration of the great law of continuous sympathy. The Schneiderian membrane is mucous and a continuation of the mucous membrane of the intestines. Dentition and worms are frequent causes of discharge from the vagina. The sequela of scarlet fever is often a cause; *ascarides vermicularis* is a frequent cause; this intestinal parasite inhabits the rectum, the pathognomonium of whose presence is appreciated only by the organs of vision, and produces an increased flow of fluids to the rectum, and contiguous parts by its irritation.

R.—Tr. ferri chloridi, f. ʒij.
Aq. calcis, f. ʒiij. M.

Inject in two parts with an interval of a couple of days and follow each injection with a dose of castor oil the next morning.

DEAFNESS.

Female, 3 years of age. Had scarlet fever four months ago. Deafness is a frequent result of scarlet fever. The tonsils remain in an enlarged condition, in consequence of which the extremity of the Eustachian tube is more or less obstructed. The object is, therefore, to reduce the tonsils by nitrate of silver or otherwise.

CHRONIC GASTRITIS.

Female, 45 years of age. Was at the clinic a year ago with this complaint, at which time a nitric acid issue was applied at the epigastrium and small pieces of ice were taken internally; she returns after an absence of one year entirely cured. She has now bronchitis, for which I would give antimony were it not liable to bring on this inflammation of the stomach again. Give her half an ounce of syrup of squills of which she may take ten drops two or three times a day. Rub the abdomen with camphorated oil and put the feet at night into warm water with cayenne pepper.

CHLOROSIS.

Female, 21 years of age. This disease is called by old women, "Green Sickness." She was here last Monday and had headache, palpitation and cough which are now very much relieved. How do you distinguish between phthisis pulmonalis and chlorosis? In the former the pulse is quick, in the latter the pulse is slow; in the former the cough is produced by exposure to cold

atmosphere, in the latter it is not; in the former the expectoration is purulent, in the latter it is mucous. How do you explain this headache? By impoverishment of blood. The blood has a buffy coat both in inflammation and chlorosis. The brain suffers from lack of red corpuscles. How do you account for the palpitation of the heart? The blood is too poor, just as a high fed man will have palpitation of the heart from too rich blood. The blood is unbalanced in each case. Menstruation is scanty, and loses like water—poor blood—watery discharge from the vagina may be produced by a variety of causes, such as cauliflower excrescences, vesico-vaginal fistula, hydatis. In the latter case the discharge is intermittent, in cauliflower it is continuous.

R.—Aloes, gr. xxiv.
Ferri sulph. exsic. gr. xij. M.
Ft. pil. no. xij. Take two a day.

EDITORIAL DEPARTMENT.

PERISCOPE.

THE NECROLOGY OF CHLOROFORM.

At a meeting of the Western Medical Society of London, reported in the *Medical Times and Gazette*, Dr. SANSON remarked that he considered that, at the highest estimate, the number of deaths from chloroform to the number of inhalations bore the proportion of one to ten thousand. Various considerations, however, occurred to show that this should be very much more favorable. In the first place, it is very probable that several of the deaths were from shock or fright, and not from chloroform; and in furtherance of this view was the fact that half the number of deaths occurred before the commencement of the operation for which chloroform was administered. Another avoidable circumstance increasing the death rate was supposed to be carelessness and laxity in the administration of the vapor. Circumstantial records of thirty-four cases of death which have occurred since the publication of Dr. SNOW's work, were presented; the author combined them with those recorded in that volume, and offered an analysis of their most salient points. In cases of death the proportion of males and females is about two to one, and this seemed to the author strange, since the anæsthetic is so largely used in midwifery. The average age for death is thirty to forty. It certainly seems that the strong and healthy stand a worse chance than the debilitated; but of all states of the system, chronic or acute, alcoholism the most predisposes to death. Extensive disease of the lung occasionally disposes to death from asphyxia; disease of the heart probably does not influence the mortality. Dr. SANSON strongly deprecated the administration of chloroform sprinkled on hand-

kerchefs, etc., basing this not only on the observed fact that a highly charged atmosphere (5 per cent. Snow, 8 per cent. Lallemand, Perrin, and Duroy) was fatal to animals, but on the circumstance that of all the cases which he had collected only two were mentioned of occurring wherein a proper inhaler had been used. Of fifty-one cases thirty-eight declared their danger by sudden stoppage of the pulse. Five deaths occurred in which there was manifested great muscular excitement, collapse immediately following; these were all strong men in their prime. Sudden vomiting and then death occurred twice; congestion of the face was the most marked sign in six, and cessation of breathing in eight cases. Dr. Sanson considers that death occurs both by asphyxia and by syncope—in animals by palsy or respiration, the heart being "ultimum moriens"; in man occasionally from this cause, but more frequently from palsy of the heart, the respiration outliving it. In animals a constant sign on post-mortem examination is distension of the right chambers of the heart; in man this is a frequent, but still far from a constant sign. Fluidity of the blood, and a dark color thereof, occur almost invariably. The following were the author's conclusions:—In animals death occurs by asphyxia, and begins in the brain. In man death occurs by asphyxia or syncope, and begins in the brain, in the heart, or in the lungs. Artificial respiration is the only reliable means for restoration in critical cases. Galvanism of the phrenic is valuable where the means are at hand. Before anything is done the tongue should be well drawn forward, and the mouth and throat cleared from mucus.—*Brit. American Journal*.

Gonorrhœa.—DR. BLAKE of San Francisco, in an article published in the *Pacific Medical and Surgical Journal*, endeavors to establish the following points:—

"1. Gonorrhœa is a purely local disease with nothing specific about it.

"2. That the principal cause of the difficulty experienced in curing it, is the contact of the urine with the inflamed surface of the urethra.

"3. That by always washing out the urethra with water after urinating, we remove the cause that keeps up the inflammation, which then generally can be subdued by purely local means in two or three days.

"4. That there are different forms of gonorrhœa, as there are of ophthalmia."

Characteristics of the purity of Chloroform. By M. HARDY.—If a little fragment of sodium is thrown into chloroform, it remains intact if the chloroform is pure.

When this anæsthetic agent contains alcohol, or other substance capable of alteration, gas is produced. In most cases these gases are hydrogen, marsh gas, or carbonic oxide; if the foreign substance is wood-spirit, they are entirely formed of hydrogen and carbonic oxide. This reaction occurs in the cold and nearly instantaneously.—*Rep. de Pharm.*, Av., 1862.

REVIEWS AND BOOK NOTICES.

Clinical Lectures on Diseases of Women. By J. Y. Simpson, M. D., F. R. S. E., Professor of Midwifery in the University of Edinburgh, etc. Illustrated with 102 Engravings on Wood. Philadelphia: Blanchard & Lea, 1863. 8vo., pp. 510. Price \$3.

These valuable lectures were originally delivered by Professor Simpson at the Royal Infirmary of Edinburgh, and were published in the *London Medical Times and Gazette*, during the years 1859, 1860, and 1861. The enterprising American publishers have been led, by the distinguished reputation of the author and the great practical value of the lectures, to collect and reprint them in a form at once more durable and convenient for reference.

The lectures are thirty-eight in number. A brief statement of their contents is here made, in order that our readers may be assisted in forming an opinion of the utility of the work.

The first two lectures contain an excellent account of the cause and treatment of that sad and loathsome surgical affection, vesico-vaginal fistula. The succeeding four lectures treat of cancer of the uterus and mamma. Dysmenorrhœa constitutes the subject matter of lectures seven and eight. Occlusion and stricture of the vagina are considered in lecture ninth. The tenth lecture is occupied with an account of caruncles of the urethra, neuromata of the vulva, and hyperæsthesia and neuralgia of the vulva. Abscess of the labia pudendi and the various forms of vulvitis are described in the eleventh lecture. The next three lectures treat of surgical fever, and the succeeding two of phlegmasia dolens. Coccydynia and the diseases and deformities of the coccyx are discussed in lecture seventeenth. Pelvic cellulitis, peri-uterine or pelvic hæmatoma, and varix of the pudendal veins, and spurious pregnancy or pseudo-cyesis, are dwelt upon in lectures eighteen to twenty-two. The eight lectures immediately following are devoted to a lengthy consideration of ovarian dropsy and ovariectomy. The remainder of the work is taken up with an account of cranio-clasm, the different modes of delivery in obstructed labor; dropsy, and other diseases of the Fallopian tubes, puerperal mania, sub-involution of the uterus after delivery, super-involution of the uterus and amenorrhœa.

The various subjects thus cursorily enumerated are handled by Dr. Simpson with a degree of ability which practical experience, combined with scientific investigation, alone can give. Our readers cannot fail to be benefited by the perusal of his views concerning the nature, diagnosis, prognosis and treatment of the more important diseases peculiar to the female sex. We would particularly commend to their attention our author's observations upon vesico vaginal fistula, uterine cancer, ovarian dropsy, coccygeal tumors, and the operative procedure known as

cranioclasm. These subjects are all illustrated with many useful explanatory engravings.

The lecture on cranioclasm is replete with interest. The word is derived from *κρανιον*, the skull; and *κλάω*, to break in pieces. "Under this term," writes Dr. Simpson, "I would have you to comprehend a new kind of operation, which may, with great advantage, in my opinion, be substituted in place of craniotomy and cephalotripsy, in those rare cases of parturition in which we deem it necessary to have recourse to some means of diminishing the foetal head, with the view of terminating, with safety to the mother, labors which appear otherwise impracticable. And I make the proposal with much confidence, believing, as I do, that, when put in practice, this new operation will be found to be at once more safe for the patient and more easy for the practitioner, than either of those two dangerous forms of operative procedure which it is intended to supplant and supercede."

Perforation of the head, comminution of the bones of the skull, and extraction of the head and body of the child, constitute the three stages of this operation. The perforation used by Dr. Simpson is a modification of that of Naegele's, with this improvement, that the ends of the handles are kept apart during the introduction of the point through the skull, by means of a hinged bar, which allows of the easy approximation of the handles, and consequent separation of the blades, without rendering it necessary for the operator to stop, after the instrument has pierced the skull, to unclasp the straight solid bar, which, in Naegele's instrument, is used to keep asunder the extremities of the handles. "In addition to this change in the bar," says Dr. S., "I have usually had this perforator made, in its cutting edges or sides, so as to leave an angled indentation at the base of each of these sides. These lateral indentations tend to prevent the point and edges slipping out of the skull when the instrument is opened, an accident which has sometimes happened under the use of the common form of perforator or perforating scissors."

Even in the most skillful hand, the soft parts of the mother are often liable to be injured by the ordinary perforator and its modifications. This difficulty has been entirely overcome by the use of an instrument called the *diaclast*, the invention of our friend, Dr. L. D. HARLOW, lately Professor of Obstetrics in the Medical Department of Pennsylvania College. A brief description of this instrument was published in the *American Journal of the Medical Sciences* for January, 1862, page 281. Some time ago an opportunity presented itself to us of testing the safety and facility with which this instrument may be employed. We were summoned early in the morning of September 16th, 1862, to extract the detached head of a fœtus of between seven and eight months. The expulsive pains were feeble and infrequent. After various fruitless attempts had been made to deliver the head, the skull was perforated with the *diaclast* just above the occipital protuberance. A purchase was

thus obtained for a toothed blunt hook, by means of which the delivery was effected without much difficulty. We have, at this moment, a lively and grateful remembrance of the ease, celerity and safety with which, though assisted by a female attendant only, we accomplished the extraction of the head.

In the next edition of the work before us, which, no doubt, will soon be called for, we hope that the publishers will introduce some notice of Dr. HARLOW's *diaclast*. By thus making it more generally known, we feel convinced that they will confer a favor upon obstetricians and their too often difficult, vexatious and dangerous art.

J. A. M.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 7, 14, 1863.

AMERICAN MEDICAL ASSOCIATION.

Will there be a session held the present year of our American Medical Congress? This question has been suggested more than once, recently, within our hearing, and we might, with equal propriety, answer this interrogatory by asking another question, quite as pertinent, Why should there not be a meeting?

For two successive years—years of deep national trouble—the meetings of the Association have been suspended, on the ground of expediency, in which a large majority of the profession cheerfully concurred, while they lamented the disastrous state of the country which called for a postponement.

Before determining either of the above queries, it may be proper to consider what will be the effect of a further postponement upon the permanency of the American Medical Association. Whether it will not have a direct tendency to jeopardize its vitality, already seriously injured, and throw us backward into that comparatively chaotic state, as a body, in which the Association found the profession, when it started into existence. This becomes a question of serious import to all the friends of our Medical Congress, and should be thoroughly and carefully examined before an unfavorable or negative answer is given.

Our opinion, long since formed is not changed, that there are those in our profession who never esteemed it a very high privilege to have their names enrolled with its list of worthy and honorable members, who would neither put on sackcloth and ashes at its dissolution, nor shed a single tear of sorrow over the grave of the Association; who perhaps are now rejoicing that its broad wings are clipped, and that it has "struck in its soaring flight against the iron will of circumstances and fallen back stunned, though not crushed."

Shall we then listen to the whispers of opposition, and allow the murmuring spirit of disappointed ambition (for it is nothing less) to predominate? Or, shall we sacrifice all that has been acquired, through the influence of one of the most important organizations for the advancement of our social, intellectual and professional culture? Or, shall we aid in razing to the ground this fair temple of science, whose walls have already reached a respectable elevation, after surmounting numerous difficulties in laying its foundation? A further postponement may do the American Medical Association an injury, from which it will never recover. It may sound its death knell.

We acknowledge to have been one of the many who advocated a suspension of the sessions of this body for 1861 and 1862, believing it was expedient to respect the voice of conflicting interests, and to conciliate and harmonize the feelings of its members, who had been unfortunately and unwillingly separated, and almost disfranchized, by public events, beyond their control. We were unwilling that a session should be convened, subject to the influence of too recently excited sectional feelings and prejudices, and thus hazard the subversion of an institution, which claims to embrace by the strongest ties of brotherhood, the respectable members of our profession in every State and Territory of our once happy and prosperous Union—nay, in all America. We went further; we hesitated in adopting a single measure, or

taking a single step, that would cause grievance or have the appearance of a disposition on our part, to dismember our brethren, who had so eminently represented the profession in those States, now in rebellion, against our government, many of whom we are assured, to this day, retain their friendly feelings, and soaring above the political prejudices which rankle in the heart of their unhappy neighbors, are unwilling to be cut off from the advantages accruing by a social and scientific union with their medical brethren north.

But time and circumstances have so modified our views, that we are constrained to believe it is neither expedient nor politic to suspend further the annual gathering of the representatives of our profession, through the instrumentality of the American Medical Association. Be it understood, however, that in this change of views we do not contemplate the introduction of any measure designed to dissolve the pleasant covenant relations existing between us and our southern brethren, but rather to strengthen the ties that bind us with those, for whom, as members of the same enlightened and liberal profession, we cherish the warmest sentiments of friendship.

While we do not calculate upon a numerous gathering, we trust there will be found delegates or permanent members from the States of Virginia, Kentucky, Tennessee, Louisiana, and even from North Carolina, many of whom would not have been able, from the force of circumstances, to have met with us in 1861 and 1862, who now may esteem it a privilege to be present.

And we would hope, for the honor of our calling, should a meeting be held, that there will prevail an amount of conservative element in the members present, to preserve unsullied the character and exalted mission of the medical profession—a mission of mercy to mankind at large—while, at the same time, they will not yield one iota in attesting their loyalty to the best government the sun ever dawned upon.

We are, therefore, in favor of a meeting of

the American Medical Association being held this year.

MEDICAL COLLEGE COMMENCEMENTS.

This is the season of Medical College Commencements. These institutions, like almost all other interests in the Northern States, are rapidly recovering from the effects that followed the first shock of the rebellion. The heavy drafts on our profession, to supply the demands of the Government for the Army and Navy, has stimulated the study of Medicine and Surgery, and nearly all the schools of medicine have had very fair classes this year. The students, too, have seemed to be of a more intelligent class than heretofore. Indeed, that there has, for some years, been a steady and perceptible improvement in the intelligence of the medical classes, in all our schools, seems to be generally admitted, and is certainly in accordance with our own observation.

MEDICAL DEPARTMENT OF NEW YORK UNIVERSITY.

The Annual Commencement of the above institution was held Thursday evening, March 5th, in the Chapel of the University, and was attended by a large and select audience, both lay and professional, including many ladies. The venerable Chancellor FERRIS presided, and around him on the platform were seated the Medical Faculty of the University, Drs. VALENTINE MOTT, PAINE, VAN BUREN, POST, BEDFORD, METCALFE, and DRAPER. The Graduating Class numbered fifty-six, and represented twelve States of the Union, besides the West Indies, Canada, New Brunswick, and Turkey. After the conferring of the Degrees of M. D., by the Chancellor, a brief farewell address was delivered to the Graduating Class by Prof. METCALFE, in which he imparted a deal of good advice to them, of a professional and general character, which was received with marked approval both by the pupils and the audience.

Graduates.

British Possessions.—George A. Harrison, Geo. Hayunga, Abraham F. McDonald, Marshall T. Moore—4.
Maine.—Joseph C. Whitney. *Vermont.*—Charles Horford.
Massachusetts.—Joseph A. Bates, Wm. W. Howard, Ben. E. Hastings, Calvin B. King. *Connecticut.*—Frederick Rogers—7.
New York.—Levi J. Alleman, Wm. H. Bates, Roswell K. Belden, Thos. W. Bennett, Geo. H. Bowen, J. Clifford Brown, W. F. Cheney, Wm. A. De Long, Wm. M. Doran, Edward Duncomb, W. St. George Elliott, John N. Garner, Chas. O. T. Gilman, Lyman H. Hillis, Irvin W. Hotelling, Henry H. House, Alexander S. Hunter, John Lynch, Smith H. Mapes, Henry J. Menninger, Lansing Munson, Robert D. Nesmith, Horner G. Newton, Wm. J. Orton, John D. Reynolds, Leroy Riddle, Jerome B. Tamblin, Oscar D. Williams, Alfred D. Wilson, Daniel B. Wyatt. *New Jersey.*—Richard L. Van Kleeck, John W. Meeker. *Pennsylvania.*—John W. Campbell, Phao Hermans, Peter Winter—35.

Ohio.—Bernie Coleman, Israel Bedell—2.
Kentucky.—James E. Neely, Benj. H. Milliken. *Missouri.*—W. W. Cockerill, Cromwell O. Johnson. *Mississippi.*—Samuel H. Puckett. *Georgia.*—Montefiore J. Moses—4.
West Indies.—James S. Payne. *Turkey.*—Garabed E. Vartan—2. Total, 66.

PRIZES.—The following gentlemen were the recipients of prize medals:

MOTT MEDALS.—F. D. Weiss, the gold medal; G. E. Vartan, the silver medal.
METCALFE PRIZES.—First Prize—H. J. Devlin. Second Prize—R. D. Nesmith. Second Prize, Duplicate—W. M. Dorrin.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

The second Annual Commencement of Bellevue Hospital Medical College took place Thursday evening, March 5th, at Irving Hall, in the presence of one of the most brilliant audiences ever assembled within the walls of that famous and favorite edifice. The platform was occupied by Messrs. DRAPER, NICHOLSON, GRINNELL, and BELL, Commissioners of Charities and Correction; Rev. Archbishop HUGHES and other distinguished members of the Trustees; Dr. ISAAC E. TAYLOR and the members of the Faculty.

Rev. Dr. BEACH commenced the proceedings by reading an appropriate prayer; after which Dr. TAYLOR administered the Hippocratic oath to the following graduating class, upon whom was conferred the degree of Doctor of Medicine.

Graduates.

British Possessions.—Wm. Curry, Alex. D. McGillvary, Lewis S. Murray, Geo. W. Prentiss, David L. Rogers, Mason Sheffield, Geo. L. Taylor—7.
Maine.—Charles P. Loring. *Massachusetts.*—J. Coolidge Stone, Henry M. Sabin, A. M., Albert B. Weymouth, Connecticut.—Henry Rockwell. *Rhode Island.*—Henry E. Payne—6.
New York.—Samuel Acheson, Orlando W. Armstrong, Livingston Dexter, Chas. W. Deyo, Wm. M. L. Fisk, Bradley Griffin, Frank H. Hamilton, Jr., S. D. Humphrey, George N. Irish, Francis Jones, Jr., Jordan W. Lockwood, Washington F. Peck, Chas. H. Pegg, Geo. G. Percival, Orestes M. Pray. *New Jersey.*—James W. Collins, Theodore F. Morris. *Pennsylvania.*—Eudolph Myers, Peter M. Wertz—19.
Ohio.—Alexander E. Jenner, Alexander W. Wheeler. *Illinois.*—J. Forrest Todd. *Wisconsin.*—Elijah D. Evarhart, Philip Fox, John G. Meacham, M. D.—6.
Kentucky.—Richard S. Potts, Thomas L. O'Callahan. *Arkansas.*—James M. Waddle, M. D. *Louisiana.*—Edmund Goldman—4. Total, 40.

Prof. FRANK H. HAMILTON delivered the address to the graduates—replete with the most valuable advice. He hoped that when called upon to serve their country, either as physicians or soldiers, they would not flinch. The address was enriched by an interesting résumé of the duties of army surgeons, and of the achievements of the medical men of our regular and volunteer armies, in which the speaker had much experience during the present war.

HON. SIMEON DRAPER, President of the Board of Trustees, and of the Commissioners of Charities and Correction, on behalf of those organizations, addressed the audience and the graduating class, congratulating all connected with the

college on its eminent success. He paid a compliment to the class for its attention to the duties of the college, and most cordially thanked the young men on behalf of the guardians of the institutions, of the inmates, and of the people at large. His brief and neat address was received with much favor.

T. L. O'CALLAHAN, of Kentucky, delivered the Valedictory Address on behalf of the graduating class. His production was marked with peculiar energy and force, and in no small degree by literary excellence. In defence of his profession from the popular allegation that "doctors disagree, and that the science of Medicine is incongruous," he quoted the dissensions among lawyers, judges, politicians, rulers and theologians, saying that physicians could claim no more infallibility than either of the classes named. He paid a glowing tribute of admiration to the science of Medicine, and his reminiscences of college scenes, his acknowledgment to the Faculty, and his picture of the hopes and duties of the future, was peculiarly felicitous.

Archbishop HUGHES then delivered a well-conceived address, filled with grateful praise of the science and practice of medicine, interesting reminiscences of the cholera season in Philadelphia, in 1832, and the noble part then performed by the physicians of that city. He acknowledged his personal indebtedness to the profession for recent services, and paid a deserved tribute of praise to the Institution.

After an address by JAMES W. GERAUD, Esq., the meeting closed with the benediction, followed by the National airs by DODWORTH'S band.

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

The Annual Commencement of the Medical Department of Columbia College took place on Thursday evening, March 12th, at Irving Hall, and was attended by a large and fashionable audience. Upon the platform were seated the Faculty of the College and other members of the profession, also LUTHER BRADISH, PRESTON KING, JOHN P. CROSBY, D. E. BRADLEE, DR. ALEX. H. STEVENS, MAJ. DELAFIELD, FLOYD SMITH, and F. A. CONKLING. The Alumni and Graduating Class occupied settees near the platform. The exercises were opened with prayer, by Rev. Dr. SULLIVAN H. WESTON, after which the President of the College, EDMUND DELAFIELD, M. D., conferred degrees upon the following

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Graduates.

British Possessions.—Wm. B. Almon, George A. Christie, A. E. Croucher, J. H. Hutchinson—4.
Maine.—W. A. Anderson, A. O. Shaw. *New Hampshire.*—James H. Wheeler. *Vermont.*—Edward Cowles, A. B., M. D., Frank West. *Massachusetts.*—Lewis H. Bodman. *Connecticut.*—W. R. Griswold, A. B., Lewis A. Tracy—8.
New York.—A. B. Ball, A. B., W. M. Carpenter, W. F. Cushman, A. B., Walter De F. Day, A. B., Samuel A. Fitch, A. B., DeWitt C. Fowler, W. R. Gillette, A. B., Chas. E. Hall, W. H. Harlan, Frank G. Hasbrouck, John C. Hasbrouck, Solomon E. Hasbrouck, D. W. Hodgkins, E. K. Hogan, Woolsey Johnson, A. B., Elias Lester, Wm. S. Ludlum, Irving W. Lyon, M. D., G. V. R. Merrill, Henry E. McCortle, M. A. Miller, Sherman Morse, John D. Nichol, Wilbur F. Matten, Patrick Pendegrast, Peter V. S. Pruyn, A. B., Burr Schermerhorn, Andrew J. Smith, Joseph G. Smith, Thomas Thompson, Walter H. Wentworth, Lewis Westfall, Benjamin Wilson, G. S. Winston, L. De F. Woodruff. *New Jersey.*—Joseph Bird, A. B., John E. Carey, Charles S. Klitredge, Amos Shaw, Jr.—40.
Michigan.—Theodore A. McGrau, D. O. Farrand. *Ohio.*—Lucius Mills—3.
Virginia.—Rezin P. Davis. *District of Columbia.*—Wm. Lee—2.
Turkey.—Garraheb Caloosdian—1. Total, 68.

CHAS. KING, LL.D., President of Columbia College, then delivered the charge to the graduates. He alluded briefly to the importance and extensiveness of their profession, and compared it with other professions and callings of life. No one should attempt to become a physician without first receiving the requisite training to enable him to faithfully discharge the duties which would be required of him. To the legal responsibility of the profession was to be added the higher responsibility of man. The speaker closed his address with some practical advice to the graduates, and enjoined upon them to observe a good deportment through life.

Prizes.—Prof. JOS. M. SMITH next announced the prizes, which consisted of, first, a sum of \$50 awarded to A. BREYTON BALL, of New York City, for a dissertation on "Hospital Gangrene," and secondly, a sum of \$25 awarded to JAMES H. WHEELER, of Dover, N. H., for a dissertation on "Pneumonia."

The Faculty also made honorable mention of the following named gentlemen, in consideration of the merits of their productions:

PETER V. S. PRUYN, Columbia county, N. Y.; W. M. CARPENTER, Madison county, N. Y.; and THEODORE A. MCGRAU, Detroit, Mich.

The Valedictory Address was delivered by A. BRAYTON BALL, member of the graduating class. It was an exceedingly fine effort, and justly deserved the frequent applause with which it was received.

WM. C. ROBERTS, M. D., delivered the address to the Alumni, which was listened to with marked attention. The exercises closed with the benediction.

UNIVERSITY OF MARYLAND.

The Fifty-eighth Commencement of the Medical Department of the University of Maryland took place Saturday morning, March 7th, in the Holiday Street Theatre, which place had been provided for that purpose. There was a very large audience, many of whom were ladies. The occasion was one of peculiar interest. The exercises commenced with music and prayer, after which Prof. GEO. W. MILTENBERGER read the *mandamus*. Degrees were conferred by Prof. NATHAN R. SMITH, after which Prof. RICHARD MCSHERRY delivered the valedictory address.

Graduates.

Maryland.—Geo. D. Beatty, Theodore H. Beltz, Joseph C. Benzinger, James H. Bohanan, Thomas N. Booker, E. A. M. Burck, Jr., Wm. Broadbent, John H. Chew, Robert G. Clagett, John W. C. Cuddy, James N. Deale, Julius O. Dorsey, Moreau F. Frush, John D. G. Geiger, Chas. W. Goldsborough, Ferdinand J. S. Gorgas, Jeremiah E. Holmes, Arundel Hopkins, Josiah G. Keller, W. Thomas Kemp, Henry Clay Kemp, J. McKendree Kemp, Thomas Oscar Kinzer, Charles W. Lamb, Chas. M. Martin, Augustus T. Pick, Wm. H. Rippard, Alex. H. Saxton, Walter P. Smith, J. Fenwick Stenson, Joseph Ford Thomas, Nathan D. Tobey, Wm. T. Urie, James Watts, James H. H. Warfield. Virginia.—Edward W. Janney. North Carolina.—Alfred C. Nixon.

Among the graduates is WALTER R. SMITH, son of the Professor, and in attestation of his talents, he was unanimously elected the President of the class. He bids fair to attain eminence in the world of medicine and surgery.

Commencements in other Colleges, including those of this City, will be noticed in our next issue.

NOTES AND COMMENTS.

Army of the Mississippi.—There has been a good deal of sickness among the troops composing General GRANT's army, now operating before Vicksburg. This has been occasioned by the nature of the country, bad water for drinking and cooking purposes, the high stage of water in the Mississippi, and the peculiar kind of work being performed by the army, viz.: siege operations, canal digging, etc. Newspaper correspondents have placed the mortality as high as one hundred a day. We are glad to learn, however, that the amount of sickness has been overstated. Medical Inspector VOLLUM, U. S. A., has, by order of the Surgeon-General, gone to examine into the sanitary condition of General GRANT's army, and the Western Sanitary Commission is doing much to provide necessaries and comforts for the sick.

The "Dermatobiotikon."—*Dermic Medication.*—The method of introducing medicines into the system by means of the absorbent power of the skin is often very useful, and might be resorted to much more frequently than it is.

Dr. J. FIRMEINICH, of Buffalo, N. Y., has sent us an ingenious instrument with which to effect this object, or produce dermic irritation, or counter-irritation. It consists of a cylinder of gutta percha, containing a number of very fine acupuncture needles, properly protected. A slight application of the instrument will be sufficient to penetrate the skin, and introduce the medicine, with which an elastic, spongy substance, through which the needles pass, is saturated. The instrument is very neatly got up, and can be easily carried in the pocket.

Dr. LUNSFORD P. YANDELL, Jr., of Louisville, Ky., is Medical Director of the rebel army in the Medical Department of the Mississippi at Vicksburg.

University of Michigan.—We have received the Catalogue for the University of Michigan, for 1863. The number of students in the Medical Department is 250.

CORRESPONDENCE.

AMPUTATIONS AT THE BATTLE OF FREDERICKSBURG.

AQUA CREEK,
January 30th, 1863. }

MESSRS. EDITORS:—It has been a long time since I have had a word with your readers upon medical or surgical subjects. The reasons have been; *first*, I have had nothing of interest to communicate, and, *second*, in an active campaign, especially in the fall and winter, the labor, hardship, privation, exposure, and utter lack of all conveniences for writing, are not suggestive of literary effort.

The battle of Fredericksburg, in which I participated, might, in the hands of a Surgeon at all observant, be expected to afford materials for an article, interesting perhaps to a few in the profession, and possibly redounding to the future benefit of a few outside of it. So thinking, isolated as I now am from the world of Medical Journalism, and not knowing that any one else has essayed the task, I have concluded to attempt a few criticisms and practical suggestions. I

shall not particularize any Surgeon, to his credit or discredit.

In the manner in which Surgeons are now disposed of in case of battle, and with the restrictions placed upon operations in the field, no man should be held excusable for a hurried or bungling operation. No capital operation, or amputation of any kind, is now permitted on the field—the wounded man requiring such an operation being carried to the Division Hospital. The Division Surgeon selects the place for his Hospital, details the requisite number of operators and assistants, and orders them to report to the Hospital; the balance accompany their respective Regiments to the field. The operations in the Hospital are performed mainly by the Surgeons, detailed for that purpose by the Division Surgeon. In some instances, any Surgeon present is permitted to operate upon any man requiring an operation from his own regiment; I regard this liberality as an objectionable feature. Though the Surgeons and Assistants of the volunteer forces of the United States will, doubtless, compare favorably with those of any army in the world, in any age, yet it will not be denied that occasionally Surgeons and Assistants find their way into the service, who are wholly disqualified for any surgical operation involving grave responsibilities.

At the battle of Fredericksburg, our Division was situated on the extreme left, and was but slightly engaged, except with artillery. It was exposed to a terrible fire of shell throughout the whole of that first day's memorable fight. We occupied for a Hospital, a large two story brick building, with a basement, and though in direct range of the enemies' heaviest fire and several times struck by shell, operations were, apparently, conducted with as much coolness as though the Surgeons were entirely removed from danger. I saw every amputation on that day and the succeeding night, (for it took all night to conclude the operations,) in the Hospital referred to. Every wound requiring amputation, was occasioned by shell or solid shot, consequently, almost every case was one of horrid mutilation: arms were crushed off in any part, or literally torn from the shoulder blade; legs were carried entirely away, or left dangling by a few unsevered, but mangled muscles. It was surprising how small was the hemorrhage in all these cases.

I was somewhat surprised to see in how large a majority of cases the circular, instead of the flap

operation, was resorted to. In my judgment, the inexperienced operator is by far the most likely to make a good stump with the flap operation, on which account it is preferable, though an experienced operator might make choice of the circular.

The first error noticed, in performing this operation, was in the manner of holding the knife, and making the incision. With two exceptions, this operation was commenced with the point of the knife pointing directly toward the operator's head, consequently, the circular sweep could not be completed without an awkward change of position, and an interruption of the incision. The operator's hand should pass under the limb to be removed, and be carried over, so that the knife points toward the ground, on the side next to the operator, then, by commencing the incision with the heel of the knife, it can be easily completed with one sweep.

The second error, in my judgment, was in the manner of securing a covering for the end of the bone. In nearly every case, whether of the arm or leg, the integuments were dissected up, and turned back from two to four inches, then, with another sweep, the muscles were cut completely to the bone, and the bone sawed off. By this procedure, the end of the bone was covered only with the integuments, and in case of the leg, if an artificial limb was to be attached, the stump would ever be tender and liable to excoriations. In the case of a very spare person I saw an arm amputated. The integuments were dissected back full four inches, the muscles cut, and bone sawed. When the edges of the integuments were brought together and stitched, they projected full two inches beyond the severed extremities of the muscles and the bone, and presented the appearance of the coat-sleeve of a man who had lost his fore arm. In the cavity thus formed between the extremities of the muscles and the bone, and the united edges of the integuments, blood would ooze out and be retained, suppuration would sooner or later take place, sloughing of the projecting integuments would be likely to occur and expose the end of the bone, though at the outset the integumental covering was superabundant. Other cases were observed, where the upward dissection of the integuments was very slight; the muscles were thick and severed at one sweep; in uniting the integuments, they were so placed upon the stretch that the stitches would soon tear out, leaving

the stump unhealed and the end of the bone exposed; making it necessary for the unfortunate patient to submit to the pain and risk of a second amputation, besides enduring the depressing influences of disappointment, discouragement, and protracted recovery. I regard it as by far preferable, for an assistant to strongly retract the integuments before the incision is made. After the incision, the skin may be anew, or still more firmly drawn up. If retraction is apparently not sufficient, a few strokes of the scalpel will suffice; we would by no means flay the limb for three or four inches. With a second sweep the superficial muscles should be incised and retraction again made. Two or three light strokes with the scalpel may be made here, if necessary. A third sweep and the deeper muscles are severed to the bone. Firm retraction is again made, by means of a retractor, and if it is thought that sufficient covering for the bone is not already obtained, the deep-seated muscles may be separated from the bone an inch or so and retracted, before sawing the bone. By these means the extremities of severed muscles are brought into coaptation, union is readily had, and a good stump is secured, as well as excellent covering for the end of the bone.

In a few instances, the stump presented an unsightly appearance after dressing, from another cause. On bringing the edges of the wound together, and fastening with stitches, the angles would point out, resembling very much the ears of a rabbit. This I observed the most plainly in a case of amputation at the shoulder joint. A bunch presented at the angle at the top of the shoulder, as big as a walnut; the operator seemed satisfied with the appearance of the stump. This appearance can always be avoided by a proper handling of the knife.

In cases of flap operation, the stump was usually much more sightly, and promised better results, than in the cases of circular operations. The execution of two cases of flap operations was observed to be somewhat objectionable.

In one case the leg was amputated about four inches above the ankle joint. The flap was so small, and so deficient in muscle, that it was put upon its greatest stretch. It required no great amount of acumen to predict that the stitches would give way, the end of the bone protrude, and require a second operation.

In a case of amputation above the knee, the muscle was greatly redundant, for the integu-

ments that were required to cover it. This was occasioned by the assistant pressing the integuments toward the extremity, instead of drawing upward toward the body. The muscle of the flap was with great difficulty tucked in, and the integuments made to cover it. With each stitch, however, this tucking process had to be renewed, and the integuments parted widely between each stitch. I suspect the stitches gave way before union took place.

As all the cases in this Hospital were sent across the river that night, I saw no more of them and know nothing of the results.

I might mention other evidences of unskillfulness, as, by far too abundant dressings, warm fomentations to recently amputated extremities, etc., etc. My assistant, Dr. C. B. FRY, was with the wounded for the first week after the battle. He brought home one bandage that he removed as a curiosity. It was applied for a flesh wound in the chest, and consisted of *nine yards of full width muslin!*

We mention these matters, not to find fault with Army Surgeons, but to urge upon Division Surgeons the propriety of inspecting the operations in the Hospital under his charge. A surgeon that manifests decided unskillfulness, should, at once, be prohibited from further operations.

O. C. GIBBS,

Surgeon 21st Regiment N. Y. State Volunteers.

ARMY AND NAVY NEWS.

SURGICAL HISTORY.

SURGEON-GENERAL'S OFFICE,
Washington City, D. C., Feb. 20, 1863. }

The Surgeon-General would remind the Medical profession that some months since a medical officer was detailed by the Department to prepare the *Surgical History of the Rebellion*. It is intended that this history shall embrace, among other topics, the collected results of the gunshot injuries of the war, and of the operations performed for their relief.

Many facts bearing on these subjects can be obtained by an examination of the returns of the various military hospitals, and explicit orders have been issued to the surgeons in charge, as to the manner of reporting. Yet it is found, practically, that the results of all cases cannot be included in these reports.

In every depot of wounded, and after every action, there exists a large class of injured men who, in various stages of convalescence, pass from the observation and treatment of the military surgeon, and are lost sight of by the Medical

Department. These patients are those who are either furloughed or discharged the service, by military authority, before their treatment is entirely terminated.

Under such circumstances all past records of these cases are rendered valueless from the absence of a positive knowledge of their results.

To remedy this evil, the Surgeon-General appeals to the profession of the country and solicits their co-operation. He would ask every physician and surgeon who may be called upon to treat any officer or soldier wounded in service, carefully to note the results of the case, to record his observations; and when the case shall have terminated, to transmit a copy of his observations to the Surgeon-General's office.

The following form is suggested:

FORM.

Date of Communication.

Name and Address of Physician forwarding it.

Character of Injury.

	Present condition of Patient—Account of Case—Treatment, &c.—Remarks.	Date of Furlough or Discharge.	By whom Performed.	What Operation, &c., Performed.	To what Hospital Transferred.	Where Wounded and the Date.
Patient's Name and Age.....
Patient's Rank.....
Patient's Regiment and Company.....
Patient's Postal Address.....

In all cases of recovery after excisions of bone, the amount and character of the movements executed by the patient, with the injured limb, should be accurately described.

Where amputation has been practiced, the character of the stump should be noted, especially when the operation has been performed through an articulation.

In cases of compound fracture, the point of fracture should be stated, as also the degree of efficiency of the limb remaining after treatment. In compound fractures of the femur, the amount of shortening should be measured, and the strength and usefulness of the limb described.

In those patients in whom injuries of the skull have occurred, or upon whom the trephine has been applied, the mental and physical conditions should alike be dwelt upon.

In thus placing before the profession the objects he desires to obtain, the Surgeon-General trusts that he will meet with active co-operation. By the means above indicated, much information that is valuable may be collected, and the interests of the science of Surgery materially advanced.

W. A. HAMMOND,
Surgeon-General U. S. A.

Convalescents.—Upon the recommendation of the Surgeon-General, the Secretary of War has caused to be issued the following important order:

War Department, Adjutant-General's Office, Washington, February 24, 1863.—[Extract.]—

Special Orders, No. 89—22.—1. The Board of Medical Officers now in session at the Convalescent Camp, near Alexandria, will report daily to the Commanding Officer the names of soldiers examined and found fit for duty, and the Commanding Officer will have the soldiers thus designated returned to their regiments without delay.

2. The Board will designate those soldiers who should be placed in hospital, and the senior Surgeon on duty in the camp, and the Medical Director in this city, will have all soldiers so designated promptly sent to hospitals in this District.

3. Three surgeons from each army corps of the Potomac will be ordered at once to the Convalescent Camp near Alexandria, Virginia, there to examine into the physical condition of the soldiers in that camp belonging to their respective corps, to report in writing to the officer in command of that camp the names of those fit for duty, and to the surgeon in charge, the names of those who should be placed in hospitals. They will also make out certificates of disability for those soldiers who, in their opinion, are physically disabled for military duty.

4. The Commanding Officer of the Convalescent Camp, and the surgeon in charge, will send soldiers to regiments and hospitals according to the reports of the surgeons.

5. The Surgeon-General will designate one hospital in each of the cities, New York, Philadelphia, Baltimore and Washington, as hospitals for soldiers who are, or soon will be fit for duty, and the medical officers in charge of hospitals east of the Allegheny Mountains will send to the "Convalescent hospitals," under such regulations as the Medical Directors, each acting for his own district, may prescribe, all soldiers who are decidedly convalescent, and who will soon be fit for duty.

6. The Medical Directors in the cities named, will report once a week to their respective military commanders the number of men in the "convalescent hospitals" ready for duty and the regiments to which they belong.

7. The military commanders above referred to, send direct to their regiments the men so reported by Medical Directors, as often as the circumstances of the service will permit, but in no case to permit the hospital for convalescents to be unduly crowded with men fit for duty.

By order of the Secretary of War.

L. THOMAS, Adj. Gen.

War Department, Adjutant-General's Office, Washington, March 4, 1863.—[Extract.]—Special Order, No. 103.—9. The following officers are hereby mustered out of the service of the United States, to enable them to receive promotions: Assistant-Surgeon W. B. CHAMBERS, Sixtieth New York Volunteers; Assistant-Surgeon CHARLES L. FISHER, Scott's 900 Cavalry New York Volunteers.

By order of the Secretary of War.

L. THOMAS, Adj. Gen.

Head-quarters of the Army, Adjt.-General's Office, Washington, March 2, 1863.—[Extract.]—Special Orders, No. 100.—4. The Convalescent Camp of Ohio Volunteers near Fort Craig, D. C., will be broken up, the men fit for duty sent to their regiments, and the sick assigned to such hospitals as may be designated to the Medical Director's Department of Washington.

Surgeon H. M. McABEE, Fourth Ohio Volunteers, now in charge of the camp, will join his regiment, and Acting Assistant-Surgeon A. S. WHITING, United States Army, will report to the Surgeon-General United States Army for assignment to duty.

By command of

Maj. Gen. HALLECK.

L. THOMAS, Adjt. Gen.

War Department, Adjutant-General's Office, Washington, March 2, 1863.—[Extract.]—Special Orders, No. 99.—29. Assistant Surgeon ELISHA CHENEY, Fourteenth Maine Volunteers, having tendered his resignation, is hereby mustered out of the service of the United States from Nov. 3, 1862, the date of muster in, there being no evidence of service rendered by him to the Government.

31. So much of Special Orders, current series, from this office, as dismissed from the service of the United States Assistant-Surgeon WILLIAM CARPENTER, Fifth Kansas Volunteers, is hereby revoked, and he is restored to his position, provided the vacancy has not been filled.

By order of the Secretary of War.

L. THOMAS, Adjt. Gen.

Naval.—Acting Assistant-Surgeons ROBBINS, RICE, and MARVIN have been ordered to the Mississippi Squadron.

Army of the Mississippi.—The Medical Department of General GRANT'S army has been recently placed in charge of Dr. C. B. LAMB. In an order the Doctor regulates the Department as follows:

"The supervisory Medical Staff of the Department of Tennessee will consist of the Medical Director-in-chief of the Department, at head-quarters, and one Medical Director of each Corps, who will be charged with the duty of assignment of the other medical officers of their Corps to their several duties, from whom they will require all the reports called for by regulations or orders to be transmitted through them to the Medical Director of the Department.

"No certificate of disability will be considered at these head-quarters, unless the same has been acted upon and approved by the Medical Director of the Corps from which they originated.

"F. N. BURKE, Surgeon of Volunteers, is hereby announced as Medical Director of the Thirteenth Army Corps.

"CHARLES McMILLAN, Surgeon of Volunteers, as Medical Director of the Fifteenth Army Corps.

"A. B. CAMPBELL, Surgeon of Volunteers, as Medical Director of the Sixteenth Army Corps.

"J. H. BOUCHER, Surgeon of Volunteers, as Medical Director of the Seventeenth Army Corps."

The gentlemen specified in charge of Corps are individuals of eminent ability in their profession, and have had unlimited opportunities and experience in the present struggle. They acknowledge the truth of the idea that the efficiency of an army depends upon the skillful management of the Medical Department, and in view of this bring their entire energies to the task of maintaining comfortable arrangements for the accommodation of the sick and wounded. When men feel assured that they will be tenderly and properly cared for, when reduced to helplessness and dependence by the effects of disease or injury, they willingly undergo all risks, but where they feel conscious that they will be neglected during those hours of trial and suffering, they have no heart, and shrink from an undertaking which will but multiply their sufferings.

NEWS AND MISCELLANY.

Illinois State Medical Society.—The regular annual meeting of the Illinois State Medical Society, will be held at Jacksonville, on the first Tuesday in May next, commencing at 10 o'clock in the morning. We hope the profession in every part of the State will be represented, as the meeting will be an important and interesting one. No further postponement will be made on account of the continuance of the rebellion.

N. S. DAVIS,

Permanent Secretary of the Ill. State Med. Society.

CHICAGO, Ill., Feb. 13th, 1863.

Hospital Inspection.—Surgeon McDougall, U. S. A., Medical Inspector at New York, made an official visit of inspection to the Government general hospitals on David's Island, near New York, and at Newark, New Jersey. The hospital on David's Island—of which we recently published a full description—contains accommodations for three thousand patients, though at the present time it contains but seven hundred. There are but two hospitals in Newark, which will accommodate about fifteen hundred patients. They now contain but about one hundred and fifty each.

Dr. McDougall found the hospitals were well managed and in good condition.

Compliments to Surgeons.—The inmates of the Christian Street Hospital in this city, recently presented its Surgeon, Dr. J. J. REESE, with a handsome sword and trappings, as a testimonial of their regard.

Dr. CHARLES R. GREENLEAF, Assistant-Surgeon U. S. A., Executive Officer of the Chestnut Hill Hospital in this city, received a handsome surgeon's sword, belt and sash from the stewards, clerks, and engineers, as a mark of their esteem. Dr. ROBERT BOLLING, Assistant Executive Officer, was the recipient of a handsome gold pen from the same source.

A Laboratory for the Preparation of Medical Stores.—A laboratory for the purpose of preparing medical supplies for the army is to be established in this city, which will be under the charge of Dr. A. K. SMITH, formerly medical director of transportation in this city. It will supply all the hospitals in the city and suburbs, and also the Army of the Potomac. A vast amount of expense will be saved by this project to the Government.

Powerful Oxidizing Mixture.—M. Bœtger calls attention to a remarkable property possessed by a mixture of oil of vitriol and permanganate of potash, which furnishes one of the most powerful oxidizers hitherto discovered. Ether, alcohol, essential oils, and other inflammable substances, are fired by simple contact; sulphur is oxidized to sulphuric acid with a rustling noise. The mixture is prepared with two parts of permanganate of potash, and three parts of oil of vitriol. If a small portion be placed in a flask, the contained air is instantly ozonized. — *M. Bœtger in Tijdschrift voor Wetenschap, Pharmacie and Phar. Jour.*

India-Rubber Varnish.—Dr. BOLLEY publishes in *Galignani*, copied into *Journ. of Franklin Institute*, a method of making a true india-rubber varnish, possessing all the qualities of that gum. He says:—

If india-rubber be cut into small pieces and digested in sulphuret of carbon, a jelly will be formed; this must be treated with benzene, and thus a much greater proportion of caoutchouc will be dissolved than would be done by any other method. The liquid must be strained through a woollen cloth, and the sulphuret of carbon be drawn off by evaporation in a water bath; after which the remaining liquid may be diluted at will with benzene, by which means a transparent but still yellowish liquid will be obtained. A more colorless solution may be prepared by digesting india-rubber cut into small pieces for many days in Benzene, and frequently shaking the bottle which contains it. The jelly thus formed will partially dissolve, yielding a liquid which is thicker than benzene, and may be obtained very clear by filtration and rest. The residue may be separated by straining, and will furnish an excellent water-proof composition. As for the liquid itself, it incorporates easily with all fixed or volatile oils. It dries very fast, and does not shine, unless mixed with resinous varnishes. It is extremely flexible, may be spread in very thin layers, and remain unaltered under the influence of air and light. It may be employed to varnish geographical maps or prints, because, it does not affect the whiteness of the paper does not reflect light disagreeably as resinous varnishes do, and is not subject to crack or come off in scales. It may be used to fix black chalk or pencil drawings; and unsized paper, when covered with this varnish, may be written on with ink.

Tribute to Army Surgeons.—It is with pleasure that we copy the following remarks from the *Inquirer*, an able daily newspaper of this City. The tribute is a worthy one, and handsomely bestowed.

Some medical attendants have not been duly qualified, but their number has been greatly exaggerated; and the Surgeons and Assistant Surgeons of our Army have in their number a body of as devoted men as could be found in the ranks of any service in the world. Testimonies to this effect are multiplied daily in our correspondence. The sufferings of our medical men during the damp, soaking, rainy, season, have been indescribable. Without comfort themselves, in wretched huts in which a farmer would not confine his pigs, lying on the earth or raised from it a few inches by branches of trees, so hard and rough that sleep is almost impossible, the wearied Surgeon may drop off into a slumber; and when the senses are for a few minutes sealed in repose, the exhausted sufferer will often find himself covered with snow, and chilled to the marrow when he awakes to the reality of his situation.

Among his patients, his ingenuity is taxed to the utmost in order to save life, when men are seized with measles and eruptive diseases. Think of thirty or forty men in a regiment, and there are often more, seized with measles, and lying in a damp tent, and rolled up in a soaking blanket, while the dripping clouds keep everything around in utter wretchedness. What can doctors do in such a situation? We have heard of the most amazing displays of self-sacrificing fortitude and devotion to the cause of humanity, by our medical men, in such situations as we have here suggested. And this, too, in the case of men who were reared as tenderly, and nurtured as affectionately as youth could be, in comfortable homes, to which they might still return, but for their devotion to the public service. Sick themselves, and with the prospect of diseased bodies and broken-down constitutions before them, if they should eventually be spared, they hold on their way; and thus they illustrate the extraordinary tendency that exists in the medical mind to deny self for the good of others. Our readers have heard much of the heroism that leads men to the cannon's mouth, but they have heard little of that patient valor, that nobility of the intellect, that mastery over the passions, and that self-denial, which our non-combatants are displaying in the steaming atmosphere of the hospital tent, amid the effluvia of typhoid fever, small-pox, measles, and all the diseases that decimate our armies. Treble the amount of salary which the country has awarded to the medical men who are exposing their lives in the field, would not remunerate them for what they do and bear.

MRS. EMMA C. EMBURY died on the 10th of February, at the age of fifty-seven. She was a daughter of James B. Manley, M. D., of New York, and was married in 1828 to Mr. Embury,

of Brooklyn. Mrs. Embury was a lady of considerable talent, and a large contributor to periodical literature.

Schuylkill County Alms House and Hospital.—The following persons have been elected medical officers of this Institution.

Resident Physician, F. J. KERN.
Consulting Physician and Surgeon, B. F. SHANNON.

Out-door Physician for Pottsville, S. L. BERLICHY.

Out-door Physician for Ashland, J. H. YOCUM.

The above appointments are well selected, and reflect credit upon those who made them. Whilst the appointment of Dr. B. F. SHANNON to the post he is so admirably qualified to fill, gives the utmost satisfaction to all connected with the Institution.

Six young natives of Algeria are to be admitted into the School of Medicine of Algiers after special examination, and then sent forth into their native provinces as doctors of medicine. This liberal conduct of the government, says the French journalist, contrasts favorably with that of the English government, which refuses to admit into the army graduated natives of India as medical men.—*Brit. Med. Jour.*

Answers to Correspondents.

Dr. W. F. Wisconsin.—Your enclosure has been received. The dental instruments will be procured at once and expressed to you. You will receive a communication from J. W. Queen & Co. in reference to the telescope.

MARRIED.

BARRINGER—WRIGHT.—At Carlisle Barracks, Pa., March 4th, by the Rev. J. B. Morse, Captain John W. Barringer, Commissary of Subsistence, United States Army, and Miss Sallie, daughter of Dr. J. J. B. Wright, Surgeon United States Army.

PETTIGREW—MCCURDY.—February 26th, by Rev. W. F. Morgan, assisted by Rev. C. R. Diefenbacher, John M. Pettigrew, M.D., and Miss C. R. McCurdy, both of Rural Village, Armstrong county, Pa.

STRONG—RAY.—In Indianapolis, Ind., on Tuesday, March 3, by Rev. John Howard Nixon, Sylvester E. Strong, M.D., of Saratoga Springs, N. Y., and Anna A., daughter of James A. Ray, Esq., of the former place.

DIED.

BEHM.—Dr. Samuel Behm, one of the most popular practicing physicians in Lebanon, Pa., died recently, after a brief illness.

BLEAKNEY.—At the residence of his father, near Elderton, Armstrong county, Pa., February 7th, 1863, of consumption, Dr. R. C. Bleakney, aged 32 years, 6 months, and 16 days.

BOURNONVILLE.—On the 27th day of February, in the 63th year of his age, Dr. Anthony Bournonville. Dr. Bournonville was a gentleman of extensive professional attainments, and greatly respected and esteemed for his manifold virtues. He has held many exalted professional positions, in the discharge of the duties of which he displayed signal ability. He was a Past Grand Master of the Masonic Order, and was held in great reverence by the members of that ancient and honorable fraternity. He was also a prominent member of the Odd Fellows and other charitable institutions. Dr. Bournonville has been engaged in the practice of the profession he adorned for the past thirty-five years, in this city. His death creates a void in the medical profession, and he leaves behind a large number of bereaved relatives and friends, who will hold him in remembrance for many years as a high-toned gentleman, a ripe scholar, and a most kind-hearted and amiable man.

LIPPINCOTT.—On the 5th instant, of consumption, Dr. Allen Lippincott, in the 34th year of his age.

RIDGWAY.—In Springfield, on 6th day, the 6th of 3d month, Mary B. Ridgway, wife of Charles Ridgway, M.D., in the 70th year of her age.

SLAUGHTER.—In this city, on the 25th of Feb'y, Dr. James Slaughter, in the 69th year of his age.

SOMERS.—On February 23, 1863, Rebecca Hood Davis, eldest daughter of Dr. Lewis S. and Margaretta H. Somers.

Vital Statistics.

OF PHILADELPHIA, for the week ending Feb. 23, 1863.

Deaths—Males, 150; Females, 129; boys, 77; girls, 71. Total, 279. Adults, 131; children, 148. Under two years of age, 92. Natives, 215; Foreign, 59. People of color, 17.

Deaths in the U. S. Army Hospitals, 14.

Among the causes of death, we notice—Apoplexy, 5; convulsions, 18; croup, 6; cholera infantum, 1; cholera morbus, 1; consumption, 39; diphtheria, 12; diarrhoea and dysentery, 4; dropsy of head, 4; debility, 18; scarlet fever, 2; typhus and typhoid fevers, 10; inflammation of brain, 11; of bowels, 3; of lungs, 21; bronchitis, 4; congestion of brain, 8; of lungs, 1; erysipelas, 2; whooping-cough, 0; marasmus, 4; small-pox, 10.

For week ending March 1, 1862.....255

February 21, 1863.....254

Population of Philadelphia, by the census of 1860, 568,034.

Mortality, 1 in 2036.

OF PHILADELPHIA, for the week ending March 7, 1863.

Deaths—Males, 159; females, 125; boys, 78; girls, 61. Total, 284. Adults, 147; children, 137. Under two years of age, 85. Natives, 210; Foreign, 58. People of color, 18.

Deaths in the United States Army Hospitals, 11.

Among the causes of death, we notice—Apoplexy, 3; convulsions, 15; croup, 9; cholera infantum, 0; cholera morbus, 1; consumption, 40; diphtheria, 4; diarrhoea and dysentery, 6; dropsy of head, 5; debility, 17; scarlet fever, 4; typhus and typhoid fevers, 15; inflammation of brain, 8; of bowels, 7; of lungs, 25; bronchitis, 2; congestion of brain, 9; of lungs, 2; erysipelas, 2; whooping-cough, 0; marasmus, 5; small-pox, 3.

For week ending March 8, 1862.....283

February 23, 1863.....279.

Population of Philadelphia, by the census of 1860, 568,034.

Mortality, 1 in 2000.

OF NEW YORK, for the week ending Feb. 23, 1863.

Deaths—Males, 246; females, 209; boys, 162; girls, 128. Total 455. Adults, 165; children, 290. Under two years of age, 161. Natives, 344; Foreign, 111; Colored, 6.

Among the causes of death, we notice—Apoplexy, 8; infantile convulsions, 40; croup, 19; diphtheria, 30; scarlet fever, 19; typhus and typhoid fevers, 15; cholera infantum, 1; cholera morbus, 0; consumption, 77; small-pox, 0; dropsy of head, 13; infantile marasmus, 15; diarrhoea and dysentery, 11; inflammation of brain, 19; of bowels, 0; of lungs, 1; bronchitis, 0; congestion of brain, 0; of lungs, 0; erysipelas, 3; whooping-cough, 0; measles, 7; 264 deaths occurred from acute disease, and 26 from violent causes.

Population of New York, by the census of 1860, 814,277.

Mortality, 1 in 1789.

OF NEW YORK, for the week ending March 2, 1863.

Deaths—Males, 219; females, 207; boys, 132; girls, 115. Total, 426. Adults, 179; children, 247. Under two years of age, 162. Natives, 289; Foreign, 137; Colored, 6.

Among the causes of death, we notice—Apoplexy, 7; infantile convulsions, 39; croup, 30; diphtheria, 14; scarlet fever, 15; typhus and typhoid fevers, 15; cholera infantum, 1; cholera morbus, 0; consumption, 59; small-pox, 1; dropsy of head, 18; infantile marasmus, 26; diarrhoea and dysentery, 3; inflammation of brain, 9; of bowels, 8; of lungs, 29; bronchitis, 10; congestion of brain, 0; of lungs, 0; erysipelas, 0; whooping-cough, 0; measles, 5; 212 deaths occurred from acute disease, and 42 from violent causes.

Population of New York, by the census of 1860, 814,277.

Mortality, 1 in 1864.

OF BOSTON, for the week ending Feb. 23, 1863.

Deaths—Males, 42; females, 50. Total, 92. Natives, 72; Foreign, 20.

Among the causes of death, we notice—Phthisis, 15; cholera infantum, 0; croup, 9; scarlet fever, 3; pneumonia, 6; variola, 0; dysentery, 1; typhus fever, 3; diphtheria, 2; whooping-cough, 1; convulsions, 5.

Population of Boston, 1860, 177,902. Average corrected to increased population, 33.49. Mortality, 1 in 1933.

OF BOSTON, for the week ending March 7, 1863.

Deaths—Males, 41; females, 38. Total, 79. Natives, 48; Foreign, 31.

Among the causes of death, we notice—Phthisis, 14; cholera infantum, 0; croup, 3; scarlet fever, 4; pneumonia, 5; variola, 0; dysentery, 0; typhoid fever, 1; diphtheria, 5; whooping-cough, 0; convulsions, 1.

Population of Boston, 1860, 177,902. Average corrected to increased population, 30.98. Mortality, 1 in 2252.